FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000092024 (6)

NASON & NASON, INC.

Principal Place of Business

601 BRICKELL KEY DR SUTIE 601

NAME STREET ADDRESS Mailing Address

2704 SEGOIA ST CORAL GABOELS FL 33134

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|---|--|--|--|--|--|--|
| DO NOT WRITE IN THIS | SPACE | | | | | |
| 3. Date Incorporated or Qualified 12/21/1994 | | | | | | |
| 65-0541246 | Applied For Not Applicable | | | | | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | | |
| 3. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | | |
| This corporation owes or has paid the cu Personal Property Tax due June 30. | Baryes □ No | | | | | |
| o. Name and Address of New Registered | Agent | | | | | |
| | | | | | | |
| (P.O. Box Number is Not Acceptable) | | | | | | |
| · | last 7: O. d. | | | | | |
| GHBLES FL | 85 Zip Code 33146 | | | | | |
| ion submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered | | | | | | |
| ion submits this statement for the purpose or board of directors. I hereby accept the ap | of changing its registered pointment as registered | | | | | |
| | | | | | | |
| 1/12/4 F en reinslating) DATE | <u> </u> | | | | | |
| | D DIRECTORS IN 12 | | | | | |
| n reinstating) ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 | | | | | |
| on reinstating) ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 Change Addition | | | | | |
| on reinstating) ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 Change Addition | | | | | |
| n reinstating) ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 Change Addition | | | | | |
| I/IL/QF ADDITIONS/CHANGES TO OFFICERS AN GO ANDORA AUE OR SL GABLES, FL | D DIRECTORS IN 12 Change Addition State Addition Change Addition | | | | | |
| I/IL/QF ADDITIONS/CHANGES TO OFFICERS AN GO ANDORA AUE OR SL GABLES, FL | D DIRECTORS IN 12 Change Addition State Addition Change Addition | | | | | |
| I/IL/GE ADDITIONS/CHANGES TO OFFICERS AN FO ANDORH AUE OR SL G-BLES, FL 16M1 FL 271N G. NASON | D DIRECTORS IN 12 Change Addition S 5 14 (Change Addition | | | | | |
| I/IL/9 F ADDITIONS/CHANGES TO OFFICERS AN GO ANDORH AUE ORAL G-HBLES, FL 16M1 FL 3 STIN C. NASON I BRICKELL AVE, B | D DIRECTORS IN 12 Change Addition 35/4/ Change Addition 33/2-9 Change Addition | | | | | |
| I/IL/9 F ADDITIONS/CHANGES TO OFFICERS AN GO ANDORH AUE ORAL G-HBLES, FL 16M1 FL 3 STIN C. NASON I BRICKELL AVE, B | D DIRECTORS IN 12 Change Addition S 5 14 (Change Addition | | | | | |
| I/IL/9 F ADDITIONS/CHANGES TO OFFICERS AN GO ANDORH AUE ORAL G-HBLES, FL 16M1 FL 3 STIN C. NASON I BRICKELL AVE, B | D DIRECTORS IN 12 Change Addition 35/4/ Change Addition 33/2-9 Change Addition | | | | | |
| I/IL/9 F ADDITIONS/CHANGES TO OFFICERS AN GO ANDORH AUE ORAL G-HBLES, FL 16M1 FL 3 STIN C. NASON I BRICKELL AVE, B | D DIRECTORS IN 12 Change Addition 35/4/ Change Addition 33/29 Change Addition 504 31/29 Change Addition | | | | | |
| I/IL/9 F ADDITIONS/CHANGES TO OFFICERS AN GO ANDORH AUE ORAL G-HBLES, FL 16M1 FL 3 STIN C. NASON I BRICKELL AVE, B | D DIRECTORS IN 12 Change Addition 35/4/ Change Addition 33/2-9 Change Addition | | | | | |
| I/IL/9 F ADDITIONS/CHANGES TO OFFICERS AN GO ANDORH AUE ORAL G-HBLES, FL 16M1 FL 3 STIN C. NASON I BRICKELL AVE, B | D DIRECTORS IN 12 Change Addition 35/4/ Change Addition 33/29 Change Addition 504 31/29 Change Addition | | | | | |

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Feb 09 1998 8:00am

Secretary of State

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|---|---|-----------------------------------|-------------------------|--|--------------------------------|--|
| US | | 3. Date incorporated or Qualified | | | | |
| | | | | 12/21/1994 | | |
| | lace of Business | 2a. Mailing Address | 1 0 | 4. FEI Number | Applied For | |
| | BRICKELL KEY DR | | L KET D | | Not Applicable | |
| Suite, Apt. 22 5 41 | | Suite, Apt. #, etc. 202 | 3 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | | City & State | FL | Blection Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the curren | | |
| 24 331 | 31 25 US | 29 33/91 30 | us | Personal Property Tax due June 30. | | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Age | ent | |
| NA | NASON, DENNIS 81 Name | | | | | |
| | | SU ANDORA AUB | 82 Street A | Address (P.O. Box Number is Not Acceptable) | | |
| | | the choits, se | | 50 ANDORA AVE | | |
| | THE COLOR OF COLOR | 33 141 | 02 | <u> </u> | | |
| | | 33 141 | <u> </u> | | C | |
| | // | | | be GABLES FL | 85 Zip Code 3314 / | |
| 11 Pursuant to the provisions of Sections 60/ 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered | | | | | | |
| office or r | egistered agent, or both/ in the State of m temiliar with, and accept the obligation | l Florida, Such change was auth | norized by the corporal | oration's board of directors. I hereby accept the appoin | tment as registered | |
| office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Dennis Wessen | | | | | | |
| SIGNATURE Signature, typed or primed arms of registered agent and life if applicable: (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DI | | |
| TITLE | DPST | DELETE | 1.1 TITLE | > | Change | |
| NAME | Nason, Dennis | | 12 NAME | 1. Ca A.Va. a. A.Va |]5 | |
| STREET ADDRESS | -2704 SEGOUIA ST | | 1.3 STREET ADDRESS | 1060 ANDORA AUE | , [č | |
| CITY-ST-ZIP | CORAL GABLES PL | | 1.4 CITY - ST - ZIP | LORAL G-ABLES, FL B | 3146 8 | |
| TITLE | Ö۷ | ☐ DELETE | 2.1 TITLE | الكلي ' | kChange 🔲 Addilion 🕻 | |
| NAME | Robson, Nayda Nason | | 22 NAME | | | |
| STREET ADDRESS | . 1925 BRICKELL AVE APT D412 | | 2.3 STREET ADDRESS | | | |
| CETY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | MIGHTIN C. NASON 1901 BRICKELL AVE, B 500 | 129 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | 4 - 4/ | | 3.2 NAME | DUSTIN C. NASON | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 1901 BRICKELL AVE, BSO | , | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | 41x41 FL 331 | | |
| TITLE | _ | DELETE | 4.1 TITLE | | Change 🔲 Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 City - ST- ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change | |
| NAME | | | 5.2 NAME | | . 1 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - S1 - ZIP | | | |
| TITI F | | DELETE | 6 1 TITLE | | Change Addition | |

6.2 NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplighental sinual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or of an all-fehment with an address.

6.3 STREET ADDRESS

DENDUS H. NASAW