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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003100 (1)

NATIONAL INVESTORS, INC.

Willon	AL INVESTORIO, INC.						
Principal Place of Business		Mailing Address			- * 48811601 100 10407 0414 48411 88417 60141	BB	1411 00 11 200 2
2727 ULMERTON ROAD SUITE 230 CLEARWATER FL 34822		2727 ULMERTON ROAD SUITE 230 CLEARWATER FL 34622-3369					
					 Date Incorporated or Qualified 01/04/1995 	3a. Date of Last 04/18/1996	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3304057		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		27 City & Ctata	City & State				Required
23		<u>⊢</u> , '			6. Election Campaign Financing		0 May Be
Zip Country		Zip Country		Trust Fund Contribution		d to Fees	
24	h			Country 8. This corporation has liability for intangible tax under Florida Statutes Yes No		s. 199.032,	
-71	g, Name and Address of Curren		<u>4</u>		10. Name and Address of New Reg		
COC	OPER, MILLER M		81 Na	ame		<u></u>	
		Ula a des RI	00 0	- 44 8 44-1-1			
2325 ULMERTON AD 2727 Ulmerton Rd. Suite 27 Suito 230			82 St	reet Addre	ss (P.O. Box Number is Not Acceptable	е)	
	ARWATER FL 33702		83				
,	WWW.						
	. -		84 Ci	ıy		FL 85 Zi	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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							
	Signature, typed or printed name of tegistered ago	nt and title if applicable. (NOTE: R	egistered Agent sig	nature require	d when re-nstating)	DATE	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	0	☐ DELETE	1.1 TITLE			☐ Change	: 🗀 Addition
NAME	COOPER, MILLER M	a mary a stra	1.2 NAME				
STREET ADDRESS	2025 ULMERTON RD GUITE 27	2727 Ulmerton	1.3 STREET ADDR	ESS			
CITY-ST-ZIP	CLEARWATER FL 33702	Suite 250 Md.	1.4 C(TY+S1+Z(P				
TITLE		☐ DELETE	2.1 THTLE			☐ Change	: Laddition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRES				
CITY-ST-ZIP	Driese		2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDR				
CITY-ST-ZIP TITLE		DELETE	3.4. City-St-ZiP 4.1 Title			Change	☐ Addition
NAME		_ outil	4. 2 NAME			☐ Change	L Addition
				FRE			
STREET ADDRESS			4.3 STREET ADDR	199			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE			☐ Change	Addilion
NAME		bereit .	5.2 NAME			change	
STREET ADDRESS			53 STREET ADDR	100			
				100			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME			change	
STREET ADDRESS			6.3 STREET ADDR	166			
OTHER ADDRESS			ola aintit KUUK	100			i

14. I do hereby certify that the information supplied with this filing 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 supplemental annual 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 receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or our particular statutes.