FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUM 1. Corporation N KRIS KR	MENT # P9500 NAFT, INC.	00023093 (4	!)		
Principal Place of Business 4125 APPLE BLOSSOM ROAD LUTZ FL 33549		Mailing Address 4125 APPLE BLOSSOM ROAD LUTZ FL 33549			IJOON IAJA OOTIO HITOO HIT FOOL
				3. Date Incorporated or Qualified 3a. D 03/21/1995	ate of Last Report
2. Principal Place of Business		2a. Ma'ling Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		65-0583226	\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	8. This corporation has liability for intangible	
14	25	29	30	Florida Statutes Yes You	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
13907 NO TAMPA F			83 84 City		L 85 Zip Code
or registere familiar with	the provisions of Sections 607.0 d agent, or both, in the State of E it and accept the obligations of, S	onda. Such change was autho ection 607.0505, Florida Statut	nzes by the corporation's boales.		as roginored ago in the
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	P Vantine, Kris	LJ DETETE	1 1 TITLE 12 NAME		
NAME STREET ACCRESS	4125 APPLE BLOSSOM RO	DAD	13 STREET ADDRESS		
CiTY-S1-ZiP	LUTZ FL 33549		14 Gify - Sf - 7.P		C Character C Add to
Tritut	VP	DELETE	2 1 THTLE		Change Addition
NAME	VAPTIPE, KARE, 4125 Apple Blo Lutz, FL 3	GON ROAD	2.2 NAME 2.3 STREET ADORESS		
STREET ADDRESS CITY - STI ZIF	14th FL 3	3545	2.4 City - \$1 - ZiF	·	
1 TUE		☐ DELETE	3 1 T-TuE		Change Addition
NAME			3.2 NAMÉ		
STREET ACIDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TILLE		DELETE	3.4 CHY ST-ZIP 4. 1 TiTLE		Change Addition
NAME		- ···	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIP		- Don't b	4.4 C/TY - ST - Z/P		Change Addition
TITLE		☐ DELFIE	5 1 101E 1 52 NAME		
NAME STORE LANGUEGE			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 City St-ZiP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		Local counts, where forces in contrast or "1"	64 CITY - ST- ZIP	for the exemption stated in Section 119.07(3)(k)	. Florida Statutes. I further
certify that	y certify that the information supply the information indicated on this I am an officer or director of the c Block 12 or Block 13 if changed	annual report or supplemental a ordonation on the receiver or tru	annual report is true and accordisted empowered to execute the didress	rate and that my signature shall have the same least report as required by Chapter 607, Florida S	tatutes; and that my name

SIGNATURE: SIGNATURE: SIGNING OFFICER OR DIRECTOR VANTINE 5/15/96 813-969-2631