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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DOCUMENT # P95000070321 (1)

	MENT # P9500 NICAL RESOURCE ASSOCI		1)	
Principal Place of Business Mailing Address				
4330 WINNIPEG COURT 4330 WINNIPEG COURT				
ORLANDO F		ORLANDO FL 32835	411	
				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualified
<u> </u>	***************************************	1.00		09/12/1995
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3334417 Not Applicable \$8.75 Additional
22 27			6. Certificate of Status Desired Fee Regulred	
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
B.C. FARTHING 4330 WINNIPEG CT ORLANDO FL 32835 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			83 84 City	et Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
agent. I a SIGNATURE	Signature, typod or printed name of registered age			orporation's board of directors. I hereby accept the appointment as registered lure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE	Change Addition
NAME	B.C. FARTHING		1.2 NAME	
STREET ADDRESS	4330 WINNIPEG COURT		1.3 STREET ADDRES	s
CITY-ST-ZIP	ORLANDO FL 32835		1.4 City-St-Zip	
TITLE	VP	DELETE	2.1 TITLE	Change Addition
NAME	FARTHING, LINDA J	_	2.2 NAME	
STREET ADDRESS	4330 WINNIPEG COURT		2.3 STREET ADDRES	s
CITY-ST-ZIP	ORLANDO FL 32835		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	s
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELET E	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	s
CITY-ST-ZIP			4.4 CITY - ST- ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	,'
STREET ADDRESS			5.3 STREET ADDRES	s
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	s

14. I 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 trustee 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 on an attachment with an address.

SIGNATURE: (5) (TENEROUS & FADTHURS) 8-9

CR2E034 (10/97)

297-1202

FILED

Mar 17 1998 8:00am

Secretary of State