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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P96000040388 (6)

J.A. NAFF & ASSOCIATES, INC.

Principal Place	Mailing Address		************		! LODARDA ETT LEAND BANK BOTH BEALL BOTH OF IT DRAFT DEAD LIAD FOLDS LIAD FOLDS LEAN FOLDS				
			TENAY PARKWAY, SUITE 28 ID FL 32953-4245						
						3. Date Incorporated or Qualified 05/06/1996	3a. [Date of Last F	Report
	Place of Business	28. Mailing Address				4. FEI Number		A	pplied For
C. iii o Arii	26 Suite Act # etc	A - 1 (- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			59-3377536			ot Applicable	
-ŋ		Suite, Apt. #, etc.	F, OIC.			5. Certificate of Status Desired		•	Additional equired
27						6. Election Campaign Financing			May Be
3		28	28			Trust Fund Contribution			
Ζ φ	Country 25	Zip 29	Country 30			8. This corporation has liability for Florida Statutes	intangibl Yes		199.032,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	FF, J.A.			81 N	lame				
	7 N. COURTENAY PARKWAY, RRITT ISLAND FL 32953	SUITE 28		82 S	treet Add	ress (P.O. Box Number is Not Accepta	ole)		
						18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
				B4 C	ity		FI	85 Zip	Code
office or r	to the provisions of Sections 607 C registered agent, or bolli, in the Sta im lamiliar with, and accopt the ob-	ate of Florida. Such change was	authorized	d by th	med corpora	poration submits this statement for the tion's board of directors. I hereby acce	ourpose of the ap	of changing in pointment as	ts registered registered
SIGNATURE	•								
**********	Slight in a typed or perfect range of registered			l Agent si	gnature requi	red when reinstating)	DATE	ID DIDEOTO	50 11 10
12.	OFFICERS A	AND DIRECTORS DELETE	13.	T+ E		ADDITIONS/CHANGES TO OFFI	JEHS AN	Change	HS IN 12 Addition
NAME	NAFF, J.A.	D pretit	12 N/			•	שייקט	PEN Change	L Addition
PRESI ADDRESS 2137 N. COURTENAY PARKWAY, SUITE 28				REET ADD	BESS				
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T TLF	=	☐ DELETE	2 1 Ti					Change	Addition
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NAME STREET ADORESS			52 N/		meee				
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NAM		Promot	62 N/					med Similar	hear / months
STREET ADDRESS				REET ADD	RESS				
CITY-ST-7P				TY - ST - ZI	1				
14. I do herel	i by certify that the information supp	lied with this filing does not qua	lify for the	exemp	tion state	d in Section 119.07(3)(i), Florida Statute	as. I furth	er certify that	l the
informatio Lani an o	on indicated on this annual report o	or supplemental annual report is or the receiver or trustee empor	true and a wered to e	accurat	e and tha	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect a	as if made un	nder oath: th

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAMED SIGNING OFFICER OR DIRECTO

Pres

2/24/97 407-452-6440

FILED

Feb 27 1997 8:00am

Secretary of State

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