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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045892 (2)

1. Corporation Name
N & S THOMAS ENTERPRISE, INC.

Principal Place of Business 706 DREW STREET CLEARWATER FL 34615	Mailing Address 706 DREW STREET CLEARWATER FL 34615-4111
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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g. Name and Address of Current Registered Agent

THOMAS, NABIL
706 DREW STREET
CLEARWATER FL 34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1	NAME
NAME	THOMAS, NABIL	1.2	STREET ADDRESS
STREET ADDRESS	706 DREW STREET	1.3	CITY - ST - ZIP
CITY - ST - ZIP	CLEARWATER FL 34615	1.4	
TITLE	VP	2.1	NAME
NAME	THOMAS, SAMIA	2.2	STREET ADDRESS
STREET ADDRESS	706 DREW STREET	2.3	CITY - ST - ZIP
CITY - ST - ZIP	CLEARWATER FL 34615	2.4	
TITLE	T	3.1	NAME
NAME	THOMAS, KARIM	3.2	STREET ADDRESS
STREET ADDRESS	706 DREW STREET	3.3	CITY - ST - ZIP
CITY - ST - ZIP	CLEARWATER FL 34615	3.4	
TITLE		4.1	NAME
NAME		4.2	STREET ADDRESS
STREET ADDRESS		4.3	CITY - ST - ZIP
CITY - ST - ZIP		4.4	
TITLE		5.1	NAME
NAME		5.2	STREET ADDRESS
STREET ADDRESS		5.3	CITY - ST - ZIP
CITY - ST - ZIP		5.4	
TITLE		6.1	NAME
NAME		6.2	STREET ADDRESS
STREET ADDRESS		6.3	CITY - ST - ZIP
CITY - ST - ZIP		6.4	

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 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:

Randy G. Hergules
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (613) 447-8007
DATE DAYTIME PHONE #

0443884

CR2E034 (9/96)