FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN

Sandra B. Mo

STATE

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Secretary of S DIVISION OF CORPO

1997 DOCUMENT # P96000045892 (2)

N & S THOMAS ENTERPRISE, INC.

Principal Place of Business 706 DREW STREET **CLEARWATER FL 34615**

Mailing Address

706 DREW STREET CLEARWATER FL 34615-4111

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 28 23 Zφ Country 30 29 24

g. Name and Address of Current Registered Agent

THOMAS, NABIL 706 DREW STREET **CLEARWATER FL 34615**

Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida S

Signature, typed or printed name of registered agent and life if applicable OFFICERS AND DIRECTORS

TALE	P	DELETE	1.1
NAME	THOMAS, NABIL		1.2
STREET ADDRESS	706 DREW STREET		1,3
CHTY+ST+ZIP	CLEARWATER FL 34615		1.4
THLE	VP	DELETE	21
NAME	THOMAS, SAMIA		22
STREET ADDRESS	706 DREW STREET		2.3
CITY-ST-ZIF	CLEARWATER FL 34615		2.4
TITLE	T	DELETE	3.1
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STREET ADDRESS	706 DREW STREET		3.3
CITY ST-ZIP	CLEARWATER FL 34615		3.4.
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C(TY+S)-7(P		1	6.4

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an atlachment with an address.

SIGNATURE:

FILED May 01 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

05/23/1006

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		4, FEI Number	ļ. <u></u> .		lied For	-
		59-3379882	<u>_</u> _		Applicable	릭
		6. Certificate of Status Desired	T	6 Req	dditional Juired	
		Election Campaign Financing Trust Fund Contribution	•		May Be Fees	
ry		8. This corporation has liability for intangible	tax und	lers.	199.032,	
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1	Name	10. Name and Address of New Registered A	igon.			{
	Name					_
2	Street Ac	ddress (P.O. Box Number is Not Acceptable)				
3						
4	City	FL	85	Zip C	ode	7
by	the corpo	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changi ointmer	ing its	registered egistered	3
						.]
Qe	nt signature re	equired when reinstating) DATE	DIDEC	TODE	2 INL 12	16
		ADDITIONS/CHANGES TO OFFICERS AND	Cha		Additio	<u>,</u> ₹
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X	emption st surate and	tated in Section 119.07(3)(i), Florida Statutes. I furthe that my signature shall have the same legal effect a	or certify s if mai	y inai de un	นาย der oath; t	hat
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2/12/97 (813) 447-8009