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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000090110 (3)**

NMA ENTERPRISES, INC.

Principal Place of Business Mailing Address

3225 SOUTH MACDILL AVENUE #129

3225 SOUTH MACDILL AVENUE #129

FILED Feb 20 1997 8:00am Secretary of State



TAMPA FL 3362	OH8171	TAMPA Pt. 33029-817	/1		
					Date Incorporated or Qualified 10/30/1996
2. Principal P	lace of Business	2a. Mailing Address	S		4. FEI Number Applied F
21		26	26		59-3405836 Not Appli
Suite Apr.	# etc	Suite, Apt. #, et	lc.		6 Certificate of Status Desired S8.75 Addition
2		27			Fee Required
City & State	0	City & State			6. Election Campaign Financing \$5.00 May B
3		28			Trust Fund Contribution Added to Fees
Zip	Country	Zıp	C	Country	8. This corporation has liability for intangible tax under s. 199.03
4	25	29	30		Florida Statutes Yes No
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Agent
GRAI	HAM, DALE			81 Nam	é
	SOUTH MACDILL AVENU	JE #129		82 Stree	et Address (P.O. Box Number is Not Acceptable)
	PA FL 33629-8171			000	reading (i.e. box regimes in feet repropriedly
17 477	1			83	
	4			84 City	
	_			City	FL 18 2 P Code
11. Pursuant	to the provisions of Sections (607 0502 and 607 1508, Florida	Statutes, the	e above-name	ed corporation submits this statement for the purpose of changing its regist prporation's board of directors. I hereby accept the appointment as registed
office or n	registered agent, or both, in th im familiar with, and accept th	ne State of Florida. Such change he obligations of, Section 607.05	i was authori i05. Florida S	ized by the co Statutes.	orporation's board of directors. I hereby accept the appointment as registe
SIGNATURE			,		
DIGINATORE	Signature, typed or printed name of regi	istered agent and title if applicable	(NOTE: Regist	lered Agent signat	ure required when reinstating) DATE
12.	OFFICE	ERS AND DIRECTORS	1	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
ITLE		☐ DELET	.TE 1,	.1 TITLE	P/S Change WA
NAME			1.2	.2 NAME	Kelly H. Scotson,
STREET ADDRESS			1 1:	.3 STREET ADDRESS	Kelly H. Scotson 4003 El Prodo Blyd W Tampa, FL 33629
CITY - ST - ZIP			I 1.	.4 CITY - ST - ZIP	Tampa, FL 33629
TITLE		DELET		1 TITLE	Chance Links
NAME				2 NAME	Dale Graham
STREET ADDRESS			,	.3 STREET ADDRESS	3 and Tourn Street W
CITY ST-ZIP				SOUTH TO THE OF	
			1,	ACITY OF TID	Tomas C1 37/29-7836
		I DELF		4 CITY-ST-ZIP	Tampa, FL 33629-7836
IIITE		☐ DELET	TE 3	1 TITLE	Dale Graham 3808 Tacon Street W Tampa, FL 33629-7836
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I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes information indicated on this annual report of supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 it changed for an additional and officers.

SIGNATURE:

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/97 (813)839-145