

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066420
1. Corporation Name

NATIONAL ACCESS INVESTIGATIVE AGENCY, INC.

Principal Place of Business 3400 PINEWALK DR. N. APT#935 MARGATE, FL. 33063	Mailing Address P.O. BOX 772506 CORAL SPRINGS, FL. 33077
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3400 PINEWALK DR. N. Suite, Apt. #, etc. 22 935 City & State 23 MARGATE, FL. Zip 24 33077	2a. Mailing Address 26 P.O. BOX 772506 Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS, FL. Zip 29 33077 Country 30 U.S.	4. FEI Number 65-0761476 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HILTON P. THOMAS
3400 PINEWALK DR. NORTH
MARGATE, FL. 33063

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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

12-16-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT HILTON P. THOMAS 3400 PINEWALK DR. NORTH MARGATE, FL. 33063 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	200002725632-8 -12/29/98-01098-004 ****158.75 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-98 (954) 614-3636

Date

Daytime Phone #

CR2E034 (5/98)

NATIONAL ACCESS INVESTIGATIVE AGENCY, INC.

P.O. Box 772506
Coral Springs, FL 33077

Phone (954)340-7014
Fax (954)255-1072

November 24, 1998

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary of State,

I Hilton P. Thomas owner of National Access Investigative Agency would like to extend my deepest apologies to the state for allowing my Corporation License to expire and be revoked. I have only been conducting business since June 1998 and due to my lack of knowledge of this matter, I unfortunately allowed this to happen. I also did not receive the first notice explaining this to me. I am now aware of the facts which I need to know to maintain an "active" status with the Division of Corporations. Once again, I would like to apologize for my ignorance. Enclosed is \$150.00 for my annual fee and \$8.75 for my Certificate of Status.

Sincerely,

Hilton P. Thomas