

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mynam
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
AND
FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67550** (1)

1. Corporation Name

NATIONAL PARKING AND ACCESS, INC.

Principal Place of Business

**8362 PINES BOULEVARD
SUITE 221
PEMBROKE PINES FL 33024**

Mailing Address

**8362 PINES BOULEVARD
SUITE 221
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1991

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0285162

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for corporate tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

4750 Oaks Rd

Suite, Apt. #, etc.

BLDG-W

City & State

DAVIE, Florida

Zip

33314

Country

2a. Mailing Address

4750 Oaks Rd

Suite, Apt. #, etc.

BLDG-W

City & State

DAVIE, Florida

Zip

33314

Country

Broward

9. Name and Address of Current Registered Agent

**NELSON, KIM
7533 BRANCH STREET
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

81. Name

James K. Nelson

82. Street Address (P.O. Box Number is Not Acceptable)

4750 Oaks Road, Bay W

83.

84. City **DAVIE**

FL

85. Zip Code **33314**

11. Pursuant to the provisions of Sections 607.0502 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

James K. Nelson

5/2/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, JAMES KIRK
STREET ADDRESS	410 NW 87 LANE #202
CITY, ST, ZIP	PLANTATION FL
TITLE	PO
NAME	NELSON, KIM LEE
STREET ADDRESS	7533 BRANCH STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PCD	☒ Change ☐ Addition
2. NAME	NELSON, JAMES KIRK	
3. STREET ADDRESS	11820 NW 27th Court	
4. CITY, ST, ZIP	Plantation, FL 33323	
5. TITLE		☒ Change ☐ Addition
6. NAME	Delete the entry	
7. STREET ADDRESS	Nelson, Kim Lee - Resigned	
8. CITY, ST, ZIP		
9. TITLE	VO	☐ Change ☒ Addition
10. NAME	Caroline Trimble	
11. STREET ADDRESS	11820 NW 27th Court	
12. CITY, ST, ZIP	Plantation, FL 33323	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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. I am an officer or director of the corporation or the treasurer or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

James K. Nelson

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Printed Name)