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

	UMENT # S696 0 NAS INTERNATIONAL TRA		(8)						
8390 INDIANTOWN ROAD 6390 IND SUITE 30 SUITE 30			ing Address I Indiantown Road TE 30 ITER FL 33458-7979			E ARRIVATOR ALON COLLEGE COLLE	MINION OLINIA CI	011 01011 010 11	aeatt 1881
#OI ITALL TE						3. Date Incorporated or Qualified 07/25/1991		te of Last F 2/1996	leport
2. Principal Place of Business 28. Mailing Address			Address			4. FEI Number	Applied For		
21		26	26			65-0287573		N	ot Applicable
Su-te, Ap 22	pt. #, eic	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & S 23	State	City & S 28	City & State			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to			
Z(p)	Country 25	Zip 29	у	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No					
	9. Name and Address of Co	····	ent	81	1 2/	10. Name and Address of New Re	gistered #	gent	
GUMSON, RICHARD P., ESQUIRE 6390 INDIANTOWN ROAD JUPITER FL 33458				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
				84	İ		FL	85 Z ip	Code
11. Pursua office d agent	ant to the provisions of Sections 607 or registered agent, or both, in the t I am lamiliar with, and accept the c	7.0502 and 607.1508, State of Florida. Such obligations of, Section	Florida Statutes, change was auth 607.0505, Florid	the above forized by a Statute	re-named con by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep		changing i	ts registered registered
SIGNATUR	AF.								
Styrobic typed or proted name of registered agent and tilt if applicable (NOTE Registere 12. OFFICERS AND DIRECTORS 13.					ent signature req	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition			
12. 180	DELETE		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	LING ANU	Change	Addition
NAME	PAKENAS, PETRAS				Ĭ.				
STREET ADDRES	AND DESCRIPTION AS DECAME			1.2 NAME 1.3 STREET ADDRESS					
CITY-S*-ZIP	HIND BOLLEY			1.4 CITY-ST-ZIP					
TITLE		***************************************	DELETE	2.1 TITLE		, dir , d		Change	Addition
NAME				2.2 NAME	ľ				
STREET ACCRES	SS			23 STREE	T ADDRESS				
CITY - ST - ZIF				2. 4 CITY	ST-ZIP				
THILE			DELETE	3 1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ACCURES	98		,	3.3 STREE	T ADDRESS				
CITY - \$1 - 26				3.4. CITY-	ST-ZIP				
TITLE		I	DELETE	4.1 TITLE	ļ			Change	Addition
NAMI	1			4. 2 NAME	: [

STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-S1-2iP 14. I do hereby certify that the information supplied with this filling 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY-ST-7

CITY-ST-ZIP

 $\Pi^{\tau} L E$

NAME

THE

NAM:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

3/27/97

(561) 624-5156

FILED

Apr 04 1997 8:00am

Secretary of State

Daytime Phone #

Change

Change

___ Addition

Addition

0326067