

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V43152**

(0)

1. Corporation Name

NAVAL LIAISON SERVICES, INC.



Principal Place of Business

**713 S.E. 7TH ST.
790 E BROWARD BLVD SUITE 302
FT LAUDERDALE FL 33301
US**

Mailing Address

**% ACCOUNTING & BUSINESS CONSULTANTS INC
790 E BROWARD BLVD SUITE 302
FT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 **713 SE 7th St.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, Fl**

28

Zip

Country

Zip

Country

24 **33301**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

**ARNOLD, RICHARD
713 S.E. 7TH ST.
FT LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person making this statement (if applicable)

Signature of Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
D	ARNOLD, RICHARD	713 S.E. 7TH ST.	FT LAUDERDALE FL	☐
D	ARNOLD, KATHLEEN	713 S.E. 7TH ST.	FT LAUDERDALE FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐ Change	☐ Addition
								☐	☐
								☐	☐
								☐	☐
								☐	☐
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								☐	☐

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(3)(c), 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: *Kathleen Arnold* KATHLEEN ARNOLD 3/9/96 (954) 764-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Printed

CR2E034 (12/95)