


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

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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90087 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14085

1. Corporation Name
NAMASCO CORPORATION



Principal Place of Business P.O. BOX 5116 TAMPA FL 33675-5116	Mailing Address 666 OLD COUNTRY RD. GARDEN CITY NY 11530 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 04/17/1987	
4. FEI Number 38-0246626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOEDEKER, JAMES
907 S 20TH STREET
TAMPA FL 33605

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	MUESERS, RAIMUND
STREET ADDRESS	666 OLD COUNTRY ROAD
CITY-ST-ZIP	GARDEN CITY NY
TITLE	D <input type="checkbox"/> DELETE
NAME	KLAUS, AGTHE DR.
STREET ADDRESS	666 OLD COUNTRY ROAD
CITY-ST-ZIP	GARDEN CITY NY
TITLE	VTS <input checked="" type="checkbox"/> DELETE
NAME	BUDENBENDER, GEORGE
STREET ADDRESS	666 OLD COUNTRY ROAD
CITY-ST-ZIP	GARDEN CITY NY
TITLE	D <input type="checkbox"/> DELETE
NAME	REEVES, BERNIE
STREET ADDRESS	666 OLD COUNTRY ROAD
CITY-ST-ZIP	GARDEN CITY NY
TITLE	P <input type="checkbox"/> DELETE
NAME	STRASSBURGER, ROLAND
STREET ADDRESS	666 OLD COUNTRY RD
CITY-ST-ZIP	GARDEN CITY NY
TITLE	C <input type="checkbox"/> DELETE
NAME	JOHNSON, KIRK A
STREET ADDRESS	66600 COUNTRY RD
CITY-ST-ZIP	GARDEN CITY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VTS
6.3 STREET ADDRESS	JOHNSON, KIRK A.
6.4 CITY-ST-ZIP	666 OLD COUNTRY RD GARDEN CITY NY 11530

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, with all other like empowered.

SIGNATURE: Kirk A. Johnson 1/5/99 (516) 237-6994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)