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FILED  
Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000093612 (6)

1. Corporation Name  
NAMAW, INC.



Principal Place of Business

Mailing Address

220 N MAIN ST  
HASTINGS FL 32145  
US

P. O. BOX 206 667  
HASTINGS FL 32145-0723

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3350158

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 intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELLICER, CHARLES E ESQ.  
28 CORDOVA STREET  
ST. AUGUSTINE FL 32084

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 Section 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 and I hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Wayne Davis Sr.*

*Wayne Davis Sr.*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  DELETE

1.1 TITLE  Change  Addition

1.2 NAME

1.2 NAME

1.3 STREET ADDRESS  
450 CR-204  
ST. AUGUSTINE FL 32145

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.4 CITY - ST - ZIP

2.1 TITLE  DELETE

2.1 TITLE V  Change  Addition

2.2 NAME

2.2 NAME Davis, Wayne Sr.

2.3 STREET ADDRESS  
450 CR-204

2.3 STREET ADDRESS 450 CR-204

2.4 CITY - ST - ZIP  
St. Augustine, FL 32145

2.4 CITY - ST - ZIP St. Augustine, FL 32145

3.1 TITLE  DELETE

3.1 TITLE  Change  Addition

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

3.4 CITY - ST - ZIP

4.1 TITLE  DELETE

4.1 TITLE  Change  Addition

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE  DELETE

5.1 TITLE  Change  Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE  DELETE

6.1 TITLE  Change  Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.4 CITY - ST - ZIP

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 or changed with an attachment with an address.

SIGNATURE:

*Louise J. Davis*

Louise J. Davis

DATE

1/29/97

Display Phone #

904 692 1025

CR2E034 (9/96)