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

DOCUMENT # 470800

(4)

NT ASSOCIATES, INC.

Principal Place of Business	Mailing Address		
142 BEACON LANE	142 BEACON LANE		
JUPITER FL 33469-3504	JUPITER FL 33469-3504		

FILED Feb 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					1 120111 01311 12011 00101 10111 03111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,0,1,00	
142 BEACON I JUPITER FL 33		142 BEACON LANE JUPITER FL 33469-3504						
					3. Date Incorporated or Qualified 03/05/1975	3a. Date of Last F 02/28/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			59-1581288	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		City & State			6. Election Campaign Financing \$5.00 May Be		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	_ Country		8. This corporation has liability for in		. 199.032,	
24	25	29 3	0		Tronoct blackroup	Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent		
	SSO, LUISA R.		81	Name				
	8 BROADWAY		82	Street Add	Iress (P.O. Box Number is Not Acceptable	e)	·····	
RIVI	ERA BEACH FL 33404		83					
			84	City		 85 Zip	Code	
				•			-	
agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was aul gations of, Section 607.0505, Florid	, the above thorized by da Statutes	e-named cor the corpora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing i t the appointment as	Is registered registered	
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE: F	Registered Age	rif signature requ	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
THTLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	WARWICK,THOMAS R.		1.2 NAME					
STREET ADDRESS	142 BEACON LANE		1.3 STREET	ADDRESS				
C:TY - ST - ZIP	JUPITER FL		1.4 CITY - S	1 - ZIP				
TITLE	V	☐ DELETE	2.1 THLE			☐ Change	Addition	
NAME	BOCCO, WILLIAM J.		2.2 NAME					
STREET ADDRESS	2428 BROADWAY		2.3 STREET	ADDRESS				
C·TY - ST - ZIP	RIVIERA BEACH FL		2. 4 CITY-5	31 - ZIP				
TITLE	SD	☐ DELETE	3.1 TETLE			∟ Change	☐ Addition	
NAME	WARWICK,NORA H.		3.2 NAME					
STREET ADDRESS	142 BEACON LANE		3.3 STREET	ADDRESS				
C TY - ST - ZIP			3.4. CITY - 5	51 - ZIP		T 45	1.2200	
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME	}		4. 2 NAME					
STREET ADDRESS			4.3 STREET					
C-TY - ST - ZIP	<u> </u>	T pricts	4.4 CITY - S	T - ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
C-TY - ST - ZIP		DELETE	5.4 CITY-S	T - 21P		Channa	☐ Addition	
TITLE		L_J DELETE	6.1 TITLE			Change	L AUUIIUM	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET					
CiTY+S1-ZIP		and with this filling danger and available	6.4 CITY - S		d in Section 110 07(2)(i) Florida Statutos	I further cortifu that	the	

I up 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 13 if changed, or on an attachment with an address.

WALLS HELD DINAME