

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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P92000004317
1. Corporation Name
NLF S, INC

Principal Place of Business Mailing Address
1966 TURNBERRY WAY 1966 TURNBERRY WAY
21E # 21E
N. MIAMI BEACH, FL. N. MIAMI BEACH, FL. 33180
33180

(X) NOT WRITE IN THIS SPACE

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

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Payment |
| 10/20/92 | 1994 |
| 4. FEI Number | Applied For |
| 65-0369074 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Finance/Trust Fund Contributions | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for alternate tax under S. 1193(3)(c), Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**LEON WOLFE
BERMAN, WOLFE AND RENNAR
100 S.E. 2ND ST. STE 3500
MIAMI, FL. 33131**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | 85. Zip Code |

11. Pursuant to the provisions of Sections 807 (2)(4) and 807 (15)(b), 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 hereby willing and accept the obligations of, Section 807 (2)(4), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | PRESIDENT |
| NAME | LIBBY HECHT |
| STREET ADDRESS | 19667 TURNBERRY WAY |
| CITY - ST - ZIP | # 21, N. MIAMI BEACH, FL. 33180 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY - ST - ZIP | 800001478078 |
| 31. TITLE | -05/08/95--0100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | ****200.00 ****200.00 |
| 33. STREET ADDRESS | |
| 34. CITY - ST - ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY - ST - ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY - ST - ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110 (3)(9)(k), 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 addition.

SIGNATURE: **Libby Hecht**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4125195