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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUN 1. Corporation	1996 MENT # P920 Name IATIONAL HOLDING CLE	00007671 (OF CORPORATION	ONS		Dene deur de	## J B310 1 JI	133 1 340 8 7 10 4 0 1 40 07
Principal Place	of Business	Maring Address	Maring Address					
118 SE 4TH S	STREET	118 SE 4TH STREET						
SUITE B-C BOYNTON BE	ACH FL 33435	SUITE B-C BOYNTON BEACH F	1 22426					
US		US			3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1995			
2. Principa' Pla	ce of Business	2a. Mailing Address			4. FEI Number	_1		Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			65-0374555		\$0.7	Not Applicable 5 Additional
		27			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing			00 Мау Ве
Zip	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for	· 	C 4 5 1 7 5 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ed to Fees
[]	25	29	30]		Florida Statutes X Yes	[] No		, 100.U32,
	9. Name and Address of Cui	rrent Registered Agent	81	Name	10. Name and Address of New F	legistered /	lgent	
FRANKLIN, ELLIOTT								
1030 LAK	KE AVENUE		82		ddress (P.O. Box Number is Not Acceptable)			
SUITE C	A MARKALA MILL A A A A A		83			··		
LAKE WO	ORTH FL 33460		84	City	FL 85 Zip Code			ip Code
SIGNATURE	ignature, typed of picks har is of registered a	gost accitite if applicable	inzeo by the corpo les. (NOTE: Regisarca Apini		ation submits this statement for the pured of directors. I hereby accept the app	ointmerit as	registered	d agent. I am
1 2.	***************************************	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
TLF AME	PD Leifer, robert	[] DELETE	1. 1 THLE 1.2 NAME	İ] Change	Addition
IREET ADDRESS	211 S. FEDERAL HWY		1.3 STREET	ADDRESS				
TY-ST-ZIP	BOYNTON BEACH FL 334	The second secon	1.4 CITY-S1					
TLE .		[]] DELETE	2 1 TITLE				Change	Addition
ME REFT ADDRESS			2.2 NAME	4000500				
IY-SI-ZIP			2.3 STREUT 2.4 CITY-ST					
LE		[]] DELETE	3 1 THEF			C] Change	Addition
ME OFFE ADODGOG			3.2 NAME					
REET ADDRESS TY-ST-ZIP			3.3 STREET	-				
LE		[] DELETE	3.4 CHY-51 4. 1 TITLE	- 211			Change	Addition
ME			4.2 NAME			L		
REET ADDRESS			4.3 \$18561 a	ADDRESS				•
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ME		L_J beter	5. 1 TITLE 5.2 NAME			L] Change	Addition
REET ADDRESS			53 STREET	ADDRESS				
Y - ST - ZIF			5.4 CITY- ST	- 2 1P				
LE		☐ DELETE	6 1 Tilk E			C] Change	Addition
ME REET ADDRESS			6.2 NAME	Moderne				
TY-ST-ZIP			63 STREFT A					
oath: that I		unidal report of supplemental at gooration of the receiver or trus	imished and does noual report is true toe eronowered to	not qualify for	or the exemption stated in Section 119, te and that my signature shall have the s report as required by Chapter 607, Fig.			

ED OR PHINNED NAME OF SIGNING OFFICER OR DIRECTOR

Dayonne Phone if

Date