

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000043271 (2)**

1. Corporation Name  
**NPLD, INC.**



Principal Place of Business: **3094 REDON DRIVE PALM BEACH GARDENS FL 33410**  
Mailing Address: **3094 REDON DRIVE PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **05/30/1995**  
3a. Date of Last Report

21. Principal Place of Business: **13094 REDON DR**  
22. Suite, Apt. #, etc.

2a. Mailing Address: **13094 REDON DR**  
26. Suite, Apt. #, etc.

4. FEI Number:  Applied For  Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. Zip, Country

28. Zip, Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip, Country

29. Zip, Country

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**

**ABRAMSON, LAWRENCE M  
1860 FOREST HILL BOULEVARD  
SUITE 200  
WEST PALM BEACH FL 33406**

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**

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HONIG, DANIEL A</b>	
STREET ADDRESS	<b>3094 REDON DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SEGERMAN, BERNARD</b>	
STREET ADDRESS	<b>4733 BETHESDA AVENUE, SUITE 349</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20814</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Correct Address</b>
1.3 STREET ADDRESS	<b>13094 REDON DR</b>
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens FL 33410</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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, with an attachment with an address.

**SIGNATURE:** *[Signature]* **DAN HONIG PRES 1/17/96 4076245833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)