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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S82889

1. Corporation	MENT # S8288 NATIONAL FOOD & DEVELO	` '				a 1811 81811 81811 81811 81	
Principal Place of Business		Mailing Address				d filit i filit didili i i i i i i i i i i i i i i i i	8H 8H8H 8H8H 4881
SUITE 135		777 YAMATO RD SUITE 135 BOCA RATON FL 33431					
		book intole it goes	5507 (1775)		3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1991 01/31/1995		
2. Principal Pla	Principal Place of Business 2a.				4. FEI Number	1 0,00,1	Applied For
∐ Suite, Apt. ≢	t oto	Suite, Apt #, etc			65-0284123		Not Applicable
		27		5. Certificate of Status Desired		75 Additional e Required	
City & State		City & State		6. Election Campaign Financing		00 May Be	
2]	Country	28 Zip	Cour	try	Trust Fund Contribution 8. This corporation has liability for	AUC	ded to Fees
·]	25	29	30		Florida Statutes	□ No	a 195.002,
	9. Name and Address of Curren	Registered Agent		31 Name	10. Name and Address of New R	egistered Agent	
FELDMA	n, peter				(C) (C) (C)		
17032 B	ROOKWOOD RD.		Ι'	Street Add	dress (P.O. Box Number is Not Acceptab	łe)	
BOCA R	ATON FL 33496		[i	33			
			Ī	34 City		- 85	Zıp Code
H. Parsuant to	the provisions of Sections 607.0502	and 6)7.1508, Florida Statute	s, the abov	e-named corpo	pration submits this statement for the pur	FL of thanging its	s registered office
OF TEGRACOR	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Ouch change was authorize	ed by the co	xporation's boa	ard of directors. I hereby accept the appoint	ointment as registere	ed agent. I am
SIGNATURE ,							
12.	Styristom, typic for printed mainleat registered a jent a OFFICERS AND		L: Registered A	ger I signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	TORS IN 12
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-1Y ST-ZF 4. Loo hereby	certify that the information sunofied w	ith this filing is valuntarily furnic	shed and de	-ST-ZIP	for the exemption stated in Section 119.	OTIONIN Floring Com	doo 16 whee-
Genuly man	me Filorinabon indicated on this annua	i: fectori or sulpolenienial annu	ial record is:	true and accura	ate and that my signature shall have the is report as required by Chapter 607, Fig.	canno local affact as	de manda um da-
appears in	Block 12 or Block 13 if changed, or or	an a tachment with an addre	ess.	a to execute (r)	or report as required by Orlapter 607, Fill	mica Statutes; and th	пастту патте
SIGNATI	ure. <i>I.O.Y</i> .	1tu-	Pres Oc	X	VILLAL		
J. WITA ! !	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	R	Date	Daytime Phon	ve #