
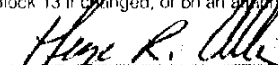


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 187654 (9) 1. Corporation Name NAT ALLEN, INC.			
Principal Place of Business 18420 COLLINS AVE MIAMI BEACH FL 33160		Mailing Address 18420 COLLINS AVE MIAMI BEACH FL 33160-2428	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent ALLEN, GEORGE R. 21180 MAINSAIL CIRCLE, APT B-13 AVENTURA FL 33180		3. Date Incorporated or Qualified 09/12/1955 3a. Date of Last Report 04/01/1996 4. FEI Number 59-0913994 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	ALLEN, GEORGE		
STREET ADDRESS	21180 MAINSAIL CIRCLE, APT B-13		
CITY-ST-ZIP	AVENTURA FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	ALLEN, GERTRUDE		
STREET ADDRESS	2808 N. 46TH AVE E654		
CITY-ST-ZIP	HOLLYWOOD FL		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	ALLEN, NAT		
STREET ADDRESS	2808 N. 46 AVE		
CITY-ST-ZIP	HOLLYWOOD FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	ALLEN, RONIT		
STREET ADDRESS	21180 MAINSAIL CIRCLE, APT B-13		
CITY-ST-ZIP	AVENTURA FL		
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	ALLEN, NAT		
3.3 STREET ADDRESS	2808 N. 46 AVE		
3.4 CITY-ST-ZIP	HOLLYWOOD FL		
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 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 12 or Block 13 if changed, or on an appointment with an address.			
SIGNATURE:  George R Allen 4/10/97 305-932-0516			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)