2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504238

1. Entity Nat	NDIS GROUP INCORPORATED		L,	08-29-2001 90018 006 ***550.00
Principal Place of Business 4800 RIVERSIDE DR. PALM BEACH GARDENS FL 33410		Mailing Address 4800 RIVERSIDE DR. BLDG. 500 A PALM BEACH GARDENS FL	. 33410	00062245
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-1671631 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. Name and Address of New Registered Agent
LANDIS, STEPHEN 1551 FORUM PLACE BLDG 500A WEST PALM BCH FL 33401			Street Address City	s (P.O. Box Number is Not Acceptable) FL Zip Code
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!! After MAY 1, 200			E: Registered Agent signature requirements I!! FEE IS \$150.00 I01 Fee will be \$550.00 Die to Department of St	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Landis, Stephen 19923 Wilkinson Leas RD Tequesta FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MP POSTEN, ROBERT 2810 BIARRITZ DR PALM BCH GDNS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTHY, CHRISTOPHER 18002 TIDEWATER CIR JUPITER FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles K. Coleson 4800 Riverside Dr. Palm Beach Gardens	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/67

Suj 630 950