FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000420 (0)**

1. Corporation Name

NMC HOLDING, INC.

Principal Place of Business	Mailing Address
ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010	ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0331976 — ☐ Applied For ☐ Not Applicable

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

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

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
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, BRIAN J	12 NAME		
STREET ADDRESS	5103 CORONADO RIDGE	13 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP		
TITLE	V	21 TITLE	VP & Ass't Treasurer	☒ Change ☐ Addition
NAME	CHADER, GORDON H	22 NAME		
STREET ADDRESS	21712 CLUB VILLA TERRACE	23 STREET ADDRESS	60 Ravine Avenue	
CITY ST ZIP	BOCA RATON FL 33496	24 CITY ST ZIP	Wyckoff, NJ 07481	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	LAMM, ROBERT B	32 NAME		
STREET ADDRESS	2588 N.W. 64TH BLVD.	33 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP		
TITLE	T	41 TITLE	VP & Treasurer	☒ Change ☐ Addition
NAME	HOUCHIN, PETER D	42 NAME		
STREET ADDRESS	11900 N.W. 5TH STREET	43 STREET ADDRESS		
CITY ST ZIP	PLANATION FL 33325	44 CITY ST ZIP	Plantation, FL 33325	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BOLDUC, J P	52 NAME		
STREET ADDRESS	3000 S. OCEAN BLVD.	53 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33432	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, D W JR	62 NAME		
STREET ADDRESS	17096 CASTLEBAY COURT	63 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33496	64 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)(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 attachment with an address.

SIGNATURE: _____ P.D. Houchin 4/10/95 407-362-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0278411 CP