


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

FILED

Apr 29 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 # F95000000140 (2)

1. Corporation Name
NORTHERN SPRINGS PORTFOLIO, INC.

Principal Place of Business
**C/O CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301**

Mailing Address
**C/O ING (US) CAP. HLDS. CORP.
135 EAST 57TH ST.
NEW YORK NY 10022-2050
US**



3. Date Incorporated or Qualified **01/09/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 90 ING (U.S.) Financial Services Corp.		59-3285560		Not Applicable	
23 City & State		27 135 E 57th Street		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
28 Zip		29 New York, NY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEEN, ROBERT	1.2 NAME	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTER, AMANDA	2.2 NAME	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, WENDY	3.2 NAME	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSENHEIMER, FRED	4.2 NAME	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKSER, P. JOHN II	5.2 NAME	
STREET ADDRESS	333 SOUTH GRAND AVENUE, SUITE 3000	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90071	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGWALL, ERIC	6.2 NAME	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	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 attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004368

CR2E034 (9/96)