

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

FILED

Apr 14 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 # F95000000650 (0)

1. Corporation Name  
NATIONAL MARKET SHARE, INC.



Principal Place of Business  
619 PALISADE AVE.  
ENGLEWOOD CLIFFS NJ 07632

Mailing Address  
619 PALISADE AVE.  
ENGLEWOOD CLIFFS NJ 07632-1805

3. Date Incorporated or Qualified 02/08/1995 3a. Date of Last Report 05/01/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
52-1701328

Apply  
Not Ap

5. Certificate of Status Desired ☐ \$8.75 Addi  
Fee Requir

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May  
Added to Fe

8. This corporation has liability for intangible tax under s. 19  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reg  
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 regi  
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of 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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PCD ☐ DELETE  
NAME GOLDBERG, STEVEN  
STREET ADDRESS 1556 3RD AVENUE  
CITY- ST- ZIP NEW YORK NY

11 TITLE ☐ Change ☐  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE VSD ☐ DELETE  
NAME GOLDBERG, LISSA  
STREET ADDRESS 1556 3RD AVENUE  
CITY- ST- ZIP NEW YORK NY

21 TITLE ☐ Change ☐  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

31 TITLE ☐ Change ☐  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE ☐ Change ☐  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE ☐ Change ☐  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

500002144345  
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\*\*\*165.00

4-14  
J12

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 o  
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:

Steven Goldberg