

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 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 # F95000003201 (9)

1. Corporation Name
NFC CORPORATION (DELAWARE)



Principal Place of Business

Mailing Address

621 NW 53 STREET SUITE 320
BOCA RATON FL 33487

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BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1995
3a. Date of Last Report 03/18/1996

4. FEI Number 65-0596595
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Via Mizner Financial Plaza
Suite, Apt. #, etc.
22 700 S. Federal Hwy Suite 200
City & State
23 Boca Raton FL
Zip
24 33432
Country
25 USA
26 Mailing Address
27 Via Mizner Financial Plaza
Suite, Apt. #, etc.
28 700 S. Federal Hwy Suite 200
City & State
29 Boca Raton FL
Zip
30 33432
Country
31 USA

9. Name and Address of Current Registered Agent

McMILLER, STACY ESQ
621 NW 53 STREET SUITE 320
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name Colleen Stacy McMillen, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
700 S. Federal Hwy Suite 200
83
84 City Boca Raton FL 85 Zip Code 33432

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	PC	1.1 TITLE	PC
NAME	SHAPIRO, GARY L	1.2 NAME	Gary Shapiro
STREET ADDRESS	621 NW 53 STREET SUITE 320	1.3 STREET ADDRESS	700 S. Federal Hwy Ste 200
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	Boca Raton FL 33432
TITLE	S	2.1 TITLE	S
NAME	McMILLER, STACY	2.2 NAME	Colleen Stacy McMillen
STREET ADDRESS	621 NW 53 STREET SUITE 320	2.3 STREET ADDRESS	700 S. Federal Hwy Ste 200
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	Boca Raton FL 33432
TITLE	D	3.1 TITLE	D
NAME	OTTO, EDGAR	3.2 NAME	Edgar Otto
STREET ADDRESS	621 NW 53 STREET SUITE 320	3.3 STREET ADDRESS	700 S. Federal Hwy Ste 200
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	Boca Raton FL 33432
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Colleen Stacy McMillen

8/2/97

CR2E034 (4/97)