

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004408 (9)

1. Corporation Name
JACK NADEL, INC.



Principal Place of Business: 9950 WEST JEFFERSON BLVD. CULVER CITY CA 90232
Mailing Address: 9950 WEST JEFFERSON BLVD. CULVER CITY CA 90232

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-2887025	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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		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 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 typed 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADEL, JACK	1.2 NAME	TAYLOR, SHERI
STREET ADDRESS	9950 WEST JEFFERSON BLVD.	1.3 STREET ADDRESS	175 WEST 200 SOUTH, SUITE 1008
CITY-ST-ZIP	CULVER CITY CA 90232	1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84101
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEL, MARTIN	2.2 NAME	WIDDICOMBE, STEVEN
STREET ADDRESS	9950 WEST JEFFERSON BLVD.	2.3 STREET ADDRESS	2600 EAST BAYSHORE ROAD
CITY-ST-ZIP	CULVER CITY CA 90232	2.4 CITY-ST-ZIP	PALO ALTO, CA 94303
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BUCKINGHAM, ROBERT	3.2 NAME	
STREET ADDRESS	9950 WEST JEFFERSON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90232	3.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEL, CRAIG	4.2 NAME	
STREET ADDRESS	9950 WEST JEFFERSON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90232	4.4 CITY-ST-ZIP	
TITLE	DTV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRITZLER, ROBERT	5.2 NAME	
STREET ADDRESS	9950 WEST JEFFERSON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90232	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDDICOMBE, STEVEN	6.2 NAME	
STREET ADDRESS	9950 WEST JEFFERSON BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90232	6.4 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)(k), 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: **ROBERT KRITZLER** 1/31/96 (310) 815-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)