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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000922 (2)

NATIONAL FINANCE CORPORATION

Principal Place of Business Mailing Address 1745 RT 9 1745 RT 8 CLIFTON PARK NY 12065 **CLIFTON PARK NY 12065-2417** 3. Date Incorporated or Qualified 3a, Date of Last Report 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 21 CORPORATE Suite Apit #, etc 21 Corporate Sure, Apt. #, etc. 14-1754357 DRIVE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILIPIGNO, DAVID B 2516 S. SEMORN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 84 City Zip Code 85 11. Fursiant to the pravisions 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, harmfain har with, and accept the obligations of, Section 607,0505, Florida Statutes. that it gives on processing a color, underesting onlined intest applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10.3 DELETE __ Change 1.1 TITLE SILIPIGNO, DAVID B NAME 1.2 NAME 57 MANN BLVD STREET ADDRESS 1.3 STREET ADDRESS **CLIFTON PARK NY** OHY ST-78 1.4 CITY- \$1- ZIP ٧S DELETE Change Addition 101.4 21 TITLE SILIPIGNO, JOSEPH NAME 2.2 NAME 12 FRIAR TUCK CT STREET ADDRESS 2.3 STREET ADDRESS **CLIFTON PARK NY** CPY-SI-ZF 2 4 CITY-ST-ZIP 1017 DELETE Change Addition 3.1 TITLE NAM 3.2 NAME STREET ACTION 55 3.3 STREET ADDRESS 011Y-\$1-781 34 City-St-ZIP DELETÉ 7.016 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADORESO 4.3 STREET ADDRESS 011Y-ST-71P 4.4 CITY - ST - ZIP DELETE TillE 5.1 TITLE Addition NAMI 52 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CHY-S1-ZIP CHY ST ZP ***000020886 11 f**flange -02/17/97--01006--023 DELETE TILLE 6 I TOLE HASE 62 NAME

> 63 STHEET ADDRESS 64 City - ST - ZIP

information in dicated 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 address.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

FILED Feb 14 1997 8:00am Secretary of State

(96/6)

***165.00