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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600006767 (5)

NATIONAL ACCOUNTS INC.

Principal Place of Business Mailing Address

119 CHERRY HILL RD 119 CHERRY HILL RD

FILED Mar 02 1998 8:00am Secretary of State



PARSIPPANY NJ 07054		PARSIPPANY NJ 07054		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/24/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26			22-2479185	Not Applicable
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			\$8.75 Additional	
22		27	_ 		5. Certificate of Status Desired	Fee Required
City & State		City & State	⊢ ′		6. Election Campaign Financing	\$5.00 May Be
23		28	4· ··· · · · · · · · · · · · · · · · ·		Trust Fund Contribution Added to Fees	
Zip	Country	Zιp	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25]	29	30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9, Name and Address of Current Registered Agent				81 Name		
CORPORATION SERVICE COMPANY			Ľ	· · · · · · · · · · · · · · · · · · ·		
	01 Hays Street Llahassee FL 32301-2525		6	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
T/N	LLAN MOOLE 1 L 0200 1-2020		8	3		
			8	4 City		85 Zip Code
44 6		100 1007 1500 Et 11 Ot 1			<u>FL</u>	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	te of Florida, Such change was	nes, the abo authorized b lasida Statut	ve-named corporation	poration submits this statement for the purpose of tion's board of directors. I hereby accept the apport	changing its registered pintment as registered
	m laminar with, and accept the obi	galions of, Section 607.0305, Fr	ionua Statuti	38.		
SIGNATURE	Signature, typed or printed name of registered a	igent and tille if applicable (NO	T£ Registered A	gent signature requi	ired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	CVST	☐ DELET E	1.1 TITLE			☐ Change ☐ Addition
NAME	DUBNOFF, RICHARD		1.2 NAME			;
STREET ADDRESS	119 CHERRY HILL RD		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ 07054		1.4 CiTy	ST-ZIP		
TITLE	_		2.1 TITLE			Change 🖸 Addition 🕻
NAME	LANG, NEIL		2.2 NAME			
STREET ADDRESS	119 CHERRY HILL RD		2.3 STREI	1 ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2. 4 CITY	-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(1) Y	-ST-ZIP		Change Addition
NAME		☐ pcrc1€	4.2 NAM	.		L Change L Adultion
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE	J1 * LIF		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			10	T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		DELET é	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			i i	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			

14. I 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.

9-12-221922