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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90058 020 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G12305**  
 1. Corporation Name  
**NATIONAL BUILDING & LAND CORP.**



Principal Place of Business: 855 S FEDERAL HIGHWAY SUITE #211 BOCA RATON FL 33432 US  
 Mailing Address: 855 S FEDERAL HIGHWAY SUITE #211 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**12/07/1982**

2. Principal Place of Business  
 21 1801 CLINT MOORE ROAD Suite, Apt. #, etc. SUITE #201 BOCA RATON, FLORIDA 33487 USA

2a. Mailing Address  
 26 1801 CLINT MOORE ROAD Suite, Apt. #, etc. SUITE #201 BOCA RATON, FLORIDA 33487 USA

4. FEI Number: **59-2259338**  
 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 the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**SLOSSBERG, SAUL A.**  
**855 S FEDERAL HIGHWAY SUITE #211 BOCA RATON FL 33432**

10. Name and Address of New Registered Agent  
 81 Name: **SLOSSBERG, SAUL A.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **201 CLINT MOORE ROAD, SUITE #201**  
 83  
 84 City: **BOCA RATON, FLORIDA FL** 85 Zip Code: **33487**

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: **SAUL A. SLOSSBERG, PRESIDENT** DATE: **4/9/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLOSSBERG, SAUL A.	
STREET ADDRESS	855 S FEDERAL HIGHWAY, SUITE #211	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SLOSSBERG, SAUL A.	
1.3 STREET ADDRESS	1801 CLINT MOORE ROAD, SUITE #201	
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: **Saul A. Slossberg** DATE: **4/9/99** DAYTIME PHONE #: **561-999-4343**

CR2E034 (1/98)