

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 21 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G89567** (3)

1. Corporation Name

**NATIONAL CONSTRUCTION & DESIGN CORP-2**

Principal Place of Business

16750 KNIGHTSBRIDGE LANE  
C/O SAUL SLOSSBERG  
DELRAY BEACH FL 33484

Mailing Address

16750 KNIGHTSBRIDGE LANE  
C/O SAUL SLOSSBERG  
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/09/1984

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21 5702 Vintage Oaks Cir.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26 5702 Vintage Oaks Cir

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2517503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLOSSBERG, SAUL  
16750 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5702 Vintage Oaks Circle

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SLOSSBERG, SAUL  
16750 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

5702 Vintage Oaks Circle

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAUL A. SLOSSBERG

4/12/95 (40) 997-2450  
(Date) (Type/Print Name)