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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	H8516

(9)

NEB OF WPB NO. 1, INC.

Principal Prace of Business Mailing Address					-\					
C/O NORMAN C. BELFER 120 SUNSET AVE., APT. 3C PALM BEACH FL 33480 PALM BEACH FL 33480 PALM BEACH FL 33480 PALM BEACH FL 33480			APT. 3C							
						3. Date Incorporated or Qualified 3 11/14/1985	04/22/1		port	
2. Principal Place of Business 26. Mailing Address 26.			S			4. FEI Number		App	olied For	
						59-2609105 Not Ap				
Suite, A	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					D. Certificate of Status Desired			5 Additional Required	
City & S						Election Campaign Financing Trust Fund Contribution		5.00 I		
Zip 4				Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Regist	lered Agen	it		
В	ELFER, NORMAN C.			81	Name					
120 SUNSET AVENUE APT. 3C				82	Street Add	ess (P.O. Box Number is Not Acceptable)				
	ALM BEACH FL 33480			83						
				84	City		FL 85	Zip C	ode	
office o	ant to the provisions of Sections 607.0 or registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida. Such change	was authorize	d by	the corpora	poration submits this statement for the purp tion's board of directors. I hereby accept th	iose of chai ne appointm	nging its nent as r	registered egistered	
SIGNATUR	E posture typen or primed harris of registered	agent and little if applicable	(NOTE: Registere	d Ape	ant signature requi	red when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIR	ECTORS	IN 12	
TIFLE	DPS	☐ DELE	TE 1.1 T	ITLE				Спапре	Addition	
NAME	BELFER, NORMAN C.		1.2 N	40.00	l l					

120 SUNSET AVENUE 1.3 STREET ADDRESS STHEET ADDRESS PALM BEACH FL 1.4 CITY-ST-ZIP City-SI-ZiP DELETE 2 1 TITLE Change Addition TITLE BELFER, ELINOR 22 NAME NAME 120 SUNSET AVENUE 2.3 STREET ADDRESS STREET ADDRESS PALM BCH. FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition 3.1 TITLE TIPLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. C(TY-ST-ZIP City-St-79 DELETE Change Addition 4.1 TITLE 4. 2 NAME NAM{. 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-SY-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition HITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z/P 64 CITY-ST-ZIP 14. I do horeby 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 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 of the feetiver 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 as on an attachnique in an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

NORMAN C. BELFER

APR 1 7 199

FILED

May 13 1997 8:00am

Secretary of State

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