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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H90413
1. Corporation Name
N. L. PLANTATION, INC.

(6)

FILED Jun 17 1997 8:00am Secretary of State



* THE RAPAPORT BROTHERS. P.C. 18 EAST 48TH STREET 19TH FLOOR NEW YORK NY 10017		% THE RAPAPORT BROTHERS, P.C. 18 EAST 48TH STREET 18TH FLOOR NEW YORK NY 10017-1014		Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address		4. FE Number	Applied for	
21 Suite Apt H etc		Cuite Act # etc		59-2655175	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & Stato			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζίρ [29]	Country 30			Yes No
MEN	9, Name and Address of Curre		81	Name	10. Name and Address of New Re	Jistered Agent
HENDERSON, THOMAS N. III, ESQ. 101 E KENNEDY BLVD				Name		
	E 3700		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)
	PA FL 33602	•	83	·		
			84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,056 egistered agent, or both, in the State im familiar with, and accept the oblig Signalure, typed or pented name of registered ap				rporation submits this statement for the p ation's board of directors. I hereby accep pared when reinstaling)	urpose of changing its registered it the appointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DPT	DETFLE	1.1 1#LE			Change Addition
NAME :	RAPAPORT, MICHAEL 101 E KENNEDY BLVD #3700	•	1.2 NAME.	-		
STREET ADDRESS	TAMPA FL	•	1.3 STREET			
CITY-ST-ZIP TITLE	VSD	DELETE	1.4 CITY-5 2.1 TITLE	T-7IP		Change Addition
- NAME	RAPAPORT, DAVID A. H.		22 NAME	-		Li onango Li znovnom
STREET ADDRESS	101 E KENNEDY BLVD #3700	1	2 3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-	ST - 7IP		
TITLE		☐ DELETE	3 1 1111.6			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET)		
CITY-ST-ZIP TITLE	DELETE			ST-ZIP		Change Addition
NAME			4.1 TITLE 4. 2 NAME			E STATES
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CH y - 9	1- <i>7</i> 1P		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	İ		
STREET ADDRESS			53 STREET			
CITY-ST-ZIP	<u> </u>	DELETL	54 CITY-5	7 - ZIP		Change Addition
TITLE		TT betrif	1			□ change □ Appidon
NAME STREET ADDRESS			6 2 NAME 6 3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
0111-01-21F			0.4 (111) 3	·	77.0	

I do 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 eath; that it 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