FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 SEP 19 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # J31090

1. Corporation Name
North Federal Management Inc.

Principal Place of Business
1800 No. Federal Hwy
Suite 110
Pompano Beach, FL 33062

Mailing Address
same

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 1800 N. Federal Hwy
Suite, Apt. #, etc.
22 Suite 110
City & State
23 Pompano Beach Fl.
Zip 24 33062 Country 25 Broward

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-2742314
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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

91 Name
DANIEL ROTHMAN M.D.
92 Street Address (P.O. Box Number is Not Acceptable)
1800 N. FEDERAL HWY, SUITE 110
93
94 City
POMPANO BEACH
FL
95 Zip Code
33062

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE 9/18/97
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND/OR DIRECTORS

TITLE	President, Secretary, Treasurer ☐ DELETE
NAME	Daniel Rothman M.D.
STREET ADDRESS	1800 N. Federal Hwy Suite 110
CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	400002298154---
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E080 (9/96)

14. 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 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: Daniel Rothman M.D. President, Secretary Treasurer 9/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 536019 7136437

AUTHORIZATION : Patricia Pujet

COST LIMIT : $ 550.00

ORDER DATE : September 19, 1997

ORDER TIME : 10:02 AM

ORDER NO. : 536019-005

CUSTOMER NO: 7136437

CUSTOMER: David Rothman, Corp Specialist
North Federal Management,
1800 N. Federal Hwy., Suite
110
Pompano Beach, FL 33062

ANNUAL REPORT FILING

NAME: NORTH FEDERAL MANAGEMENT INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS: _____

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97 SEP 19 AM 11:40
DIVISION OF CORPORATIONS