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AND
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95 MAY -1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J44152**

(3)

1. Corporation Name

NEB OF PALM SPRINGS, INC.

Principal Place of Business

**C/O NORMAN C. BELFER
120 SUNSET AVE., APT. 3C
PALM BEACH FL 33480**

Mailing Address

**C/O NORMAN C. BELFER
120 SUNSET AVE., APT. 3C
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1986

3a. Date of Last Report
04/27/1994

4. FEI Number
59-2753983

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 has liability for the intangible tax under S. 199 (23)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

22

State, Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Locality

30

9. Name and Address of Current Registered Agent

**BELFER, NORMAN C.
120 SUNSET AVENUE
APT. 3C
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(1), 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 607.04(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer of Corporation

Signature of Registered Agent or Director or Officer of Corporation

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

STREET ADDRESS

CITY, STATE, ZIP

**PSV
BELFER, NORMAN C.
120 SUNSET AVENUE
PALM BEACH FL**

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not qualify for the exemption stated in Section 199 (23), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my signature shall bind the corporation to the law of Florida. I am fully aware of the effect of filing this report with the Secretary of State and that my signature shall bind the corporation to the law of Florida. I am fully aware of the effect of filing this report with the Secretary of State and that my signature shall bind the corporation to the law of Florida. I am fully aware of the effect of filing this report with the Secretary of State and that my signature shall bind the corporation to the law of Florida.

SIGNATURE:

Norman C. Belfer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/95

(407)832-4036