

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L10806 (2)

1. Corporation Name
NATIONAL MANUFACTURING GROUP, INC.



Principal Place of Business
**6800 BENJAMIN RD. (TAMPA, FL 33634)
P. O. BOX 260729
TAMPA FL 33685**

Mailing Address
**6800 BENJAMIN RD. (TAMPA, FL 33634)
P. O. BOX 260729
TAMPA FL 33685**

3. Date Incorporated or Qualified **08/23/1989** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2963730** 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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**CIFUENTES, J.
6800 BENJAMIN RD
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name **JEFFREY L. GOLDBERG**

82 Street Address (P.O. Box Number is Not Acceptable)
90 NATIONAL MANUFACTURING GROUP, INC.

83 **6800 BENJAMIN ROAD**

84 City **TAMPA** FL 85 Zip Code **33634**

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 (fill in if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey L. Goldberg

JEFFREY L. GOLDBERG, PRESIDENT **4/18/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | CIFUENTES, J. | |
| STREET ADDRESS | 6800 BENJAMIN RD | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | FRIEDMAN, HAROLD | |
| STREET ADDRESS | 15 POPLAR DRIVE | |
| CITY-ST-ZIP | ROSLYN NY | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | PRESIDENT |
| 3.3 STREET ADDRESS | JEFFREY L. GOLDBERG |
| 3.4 CITY-ST-ZIP | 6800 BENJAMIN ROAD |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | TAMPA FL 33634-4496 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 typed or printed name of signing officer or director

JEFFREY L. GOLDBERG, PRESIDENT **4/18/96** **813-884-7571**

Date

Daytime Phone #

CR2E034 (12/95)