


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

FILED

Jan 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M02284 (1)</b> 1. Corporation Name <b>NDS FINANCIAL GROUP, INC.</b>			
Principal Place of Business <b>7851 S.W. 6TH STREET, SUITE 308</b> <b>PLANTATION FL 33324</b>		Mailing Address <b>7861 S.W. 6TH STREET, SUITE 308</b> <b>PLANTATION FL 33324-3211</b>	
<b>2. Principal Place of Business</b> 21 <b>2200 CORPORATE BLVD, NW</b> Suite, Apt. #, etc. 22 <b>SUITE 210</b> City & State 23 <b>BOCA RATON, FLORIDA</b> Zip 24 <b>33431</b>		<b>2a. Mailing Address</b> 26 <b>2200 CORPORATE BLVD, NW</b> Suite, Apt. #, etc. 27 <b>SUITE 210</b> City & State 28 <b>BOCA RATON, FLORIDA</b> Zip 29 <b>33431</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>SCHWARTZ, NEIL D.</b> <b>7851 S.W. 6TH STREET, SUITE 308</b> <b>PLANTATION FL 33324</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>SCHWARTZ, NEIL D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2200 CORPORATE BLVD, NW, SUITE 210</b> 83 84 City <b>BOCA RATON</b> <b>FL</b> 85 <b>33431</b>	
<b>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.</b> SIGNATURE <b>NEIL D. SCHWARTZ, Pres.</b> <i>Neil D. Schwartz, Pres.</i> <b>1/1/97</b> <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when resigning) DATE</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>PST</b> NAME <b>SCHWARTZ, NEIL D.</b> STREET ADDRESS <b>7851 SW 6TH ST. STE 308</b> CITY - ST - ZIP <b>PLANTATION FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>2200 CORPORATE BLVD, NW, SUITE 210</b> 1.4 CITY - ST - ZIP <b>BOCA RATON, FLORIDA 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: Neil D. Schwartz, Pres.** *Neil D. Schwartz, Pres.* **1/1/97** **(SW) 912-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)