

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005249 (6)

1. Corporation Name

NATIONAL ALLIANCE OF BUSINESS ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

POST OFFICE BOX 9461  
CORAL SPRINGS FL 33075

POST OFFICE BOX 9461  
CORAL SPRINGS FL 33075



3. Date Incorporated or Qualified  
11/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIZRAHI, RHONDA  
2617 N.W. 92 AVENUE  
CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Rhonda Mizrahi*

(NOTE: Registered Agent signature required when reappointing)

4-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER & BOARD MEMBER  
SHERRI SIDROPOULOS  
5908 DOWNTOWN DR.  
LAKE LINBERO, AGOURA CA 91301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

808 SICES OF BOARD  
MALKA POLAK  
4029 LYNDSBURST ST. VILLAGE  
BETRAY BEACH, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RHONDA MIZRAHI  
2617 UNIVERSITY DR  
CORAL SPRINGS FL 33075

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)