


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004071 (4)
1. Corporation Name
NATIONAL DEBT MANAGEMENT, INCORPORATED



Principal Place of Business 2431 ALOMA AVE. SUITE 114 WINTER PARK FL 32792	Mailing Address 2431 ALOMA AVE. SUITE 114 WINTER PARK FL 32792-2522
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3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report N/A
4. FEI Number 59-3384767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2431 ALOMA AVE. Suite, Apt. #, etc. 22 285	2a. Mailing Address 26 2431 ALOMA AVE Suite, Apt. #, etc. 27 SUITE 285
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32792	Country 25
Zip 29 32792	Country 30

9. Name and Address of Current Registered Agent
**TROY, TERRENCE A
2431 ALOMA AVE.
SUITE 114
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent
81 Name **TERRENCE TROY**
82 Street Address (P.O. Box Number is Not Acceptable)
2431 ALOMA AVE
83 **SUITE 285**
84 City **WINTER PARK** FL 85 Zip Code **32792**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TROY, TERRENCE A		1.2 NAME TERRENCE TROY	
STREET ADDRESS 4023 MAPLEGROVE DR.		1.3 STREET ADDRESS 4023 MAPLE GROVE DR	
CITY-ST-ZIP ORLANDO FL 32818		1.4 CITY-ST-ZIP ORLANDO - FL - 32818	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME IZUMI, JENNIFER D		2.2 NAME JAMES MARSHALL	
STREET ADDRESS 4428 WINTER OAKS LANE		2.3 STREET ADDRESS 8405 COLUMBIARD APT 947	
CITY-ST-ZIP ORLANDO FL 32812		2.4 CITY-ST-ZIP COLUMBIA - MD - 21044	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIPROT, RODERICK		3.2 NAME VAPHEI OLIPHANT	
STREET ADDRESS 7200 WISCONSIN AVE., #900		3.3 STREET ADDRESS 5722 SWEET WIND PLACE	
CITY-ST-ZIP BETHESDA MD 20814		3.4 CITY-ST-ZIP COLUMBIA - MD - 21045	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME LAWRENCE BROWN	
STREET ADDRESS		4.3 STREET ADDRESS 206 RIVER WAY CT APT 101	
CITY-ST-ZIP		4.4 CITY-ST-ZIP OWINES MILLS - MD - 21117	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E037 (9/96)