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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 City & State 23 WINTER PARK, FL Zip 24 32792	2a. Mailing Address 26 2431 ALOMA AVE Suite Apt. #, etc. 27 SUITE 285 City & State 28 WINTER PARK, FL Zip 29 32792
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROY, TERRENCE A
2431 ALOMA AVE.
SUITE 114
WINTER PARK FL 32792**

81 Name TERRENCE TROY
82 Street Address (P.O. Box Number is Not Acceptable) 2431 ALOMA AVE
83 SUITE 285
84 City WINTER PARK
85 Zip Code FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROY, TERRENCE A 4023 MAPLEGROVE DR. ORLANDO FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZUMI, JENNIFER D 4428 WINTER OAKS LANE ORLANDO FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPTRON, RODERICK 7200 WISCONSIN AVE., #900 BETHESDA MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/C/M TERRENCE TROY 4023 MAPLE GROVE DR ORLANDO - FL - 32818
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D JAMES MARSHALL 8405 COLUMBIA RD APT 947 COLUMBIA - MD - 21044
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D VAPHEI OLIPHANT 5722 SWEET WIND PLACE COLUMBIA - MD - 21045
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D LAWRENCE BROWN 206 RIVER WAY CT APT 101 QUINCY MILLS - MD - 21117
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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)