

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # N96000004071 (4)

1. Corporation Name

NATIONAL DEBT MANAGEMENT, INCORPORATED



Principal Place of Business

Mailing Address

2431 ALOMA AVE
STE 285
WINTER PARK FL 32782
US

2431 ALOMA AVE
STE 285
WINTER PARK FL 32782
US

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

59-3384767

Applied For

Not Applicable

2. Principal Place of Business

21 2704 RAW CIRCLE

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 OCLOEE, FLORIDA

Zip

24 34761

Country

25 US

2a. Mailing Address

26 2704 RAW CIRCLE

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 OCLOEE, FLORIDA

Zip

29 34761

Country

30 US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TROY, TERRENCE A
2431 ALOMA AVE.
STE 285
WINTER PARK FL 32782

10. Name and Address of New Registered Agent

81 Name TERRENCE A. TROY
82 Street Address (P.O. Box Number is Not Acceptable)
2704 RAW CIRCLE
83 SUITE 105
84 City OCLOEE FL 85 Zip Code 34761

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCM
NAME TROY, TERRENCE A
STREET ADDRESS 4023 MAPLEGROVE DR.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME JAMES MARSHALL
STREET ADDRESS 5405 COLUMBIA RD APT 947
CITY-ST-ZIP COLUMBIA MD

TITLE D
NAME LIPTROT, RODERICK
STREET ADDRESS 7200 WISCONSIN AVE., #900
CITY-ST-ZIP BETHESDA MD 20814

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/98 407-654-1130
Date Daytime Phone #

CR2E037 (5/98)