

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90127 012 ****61.25

DOCUMENT # N98000003637

1. Corporation Name

NATIONAL CONSUMER RESOURCE CENTER, INC.

Principal Place of Business

2183 N. POWERLINE ROAD
SUITE 7
POMPANO BEACH FL 33069

Mailing Address

2183 N. POWERLINE ROAD
SUITE 7
POMPANO BEACH FL 33069



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

65-0847203

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHARLES J. GOLDMAN, P.A.
601 S. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE DIRECTOR
1.2 NAME CHRISTOPHER RUBINO
1.3 STREET ADDRESS 2183 POWERLINE RD
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33069

☐ Change ☒ Addition

2.1 TITLE DIRECTOR
2.2 NAME STEPHEN RUBINO
2.3 STREET ADDRESS 2183 POWERLINE RD
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33069

☐ Change ☒ Addition

3.1 TITLE DIRECTOR
3.2 NAME WANDA TORRES
3.3 STREET ADDRESS 5060 SW 64th AVE
3.4 CITY-ST-ZIP DAVIE, FL 33314

☐ Change ☒ Addition

4.1 TITLE DIRECTOR
4.2 NAME MURIEL MUIR
4.3 STREET ADDRESS 3504 NW 116th TERRACE
4.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

☐ Change ☒ Addition

5.1 TITLE DIRECTOR
5.2 NAME MALEKA NEWTON
5.3 STREET ADDRESS 9220 NW 49th PLACE
5.4 CITY-ST-ZIP SUNRISE, FL 33351

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-10-99

Date

Daytime Phone #

CR2E037 (11/98)