

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P37992** (5)
1. Corporation Name
NDC CONSULTANTS, INC.



Principal Place of Business
**1001 3RD AVE W
STE 410
BRADENTON F 34205
US**

Mailing Address
**4415 FIFTH AVE.
PITTSBURGH PA 15213
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 25-1524473	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALLEN, RONALD J.
1001 3RD AVE., W.
STE. 410
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	ALLEN, JAMES R.				
STREET ADDRESS	1660 HARBOR SOUND DRIVE				
CITY-ST-ZIP	LONGBOAT KEY FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	ALLEN, RONALD J.				
STREET ADDRESS	1001 3RD AVE, W, SUITE 410				
CITY-ST-ZIP	BRADENTON FL				
TITLE	AS	<input checked="" type="checkbox"/> DELETE			
NAME	CELIGOI, LINDA				
STREET ADDRESS	4415 5TH AVENUE				
CITY-ST-ZIP	PITTSBURGH PA 15213				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	BASKINS, SEYMOUR				
STREET ADDRESS	4415 5TH AVENUE				
CITY-ST-ZIP	PITTSBURGH PA				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	KAMIN, MARVIN				
STREET ADDRESS	4415 5TH AVENUE				
CITY-ST-ZIP	PITTSBURGH PA				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	BELLINO, KATHLEEN				
STREET ADDRESS	4415 FIFTH AVE				
CITY-ST-ZIP	PITTSBURGH PA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12 NAME	William E. Balsinger				
13 STREET ADDRESS	4415 Fifth Ave.				
14 CITY-ST-ZIP	Pittsburgh, PA 15213				
21 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
22 NAME	Diane G. Connor				
23 STREET ADDRESS	4415 Fifth Ave				
24 CITY-ST-ZIP	Pittsburgh, PA 15213				
31 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
32 NAME	Martin Mason				
33 STREET ADDRESS	4415 Fifth Ave				
34 CITY-ST-ZIP	Pittsburgh, PA 15213				
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
42 NAME	Karen Kreutzer				
43 STREET ADDRESS	4415 Fifth Ave				
44 CITY-ST-ZIP	Pittsburgh, PA 15213				
51 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME	Seymour Baskin				
53 STREET ADDRESS	4415 Fifth Ave				
54 CITY-ST-ZIP	Pittsburgh, PA 15213				
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/21/98 (412) 578-7800**

CP2E034 (10/97)