

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

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40763 (5)

1. Corporation Name
NATIONAL CORPORATE RESEARCH, LTD., INC.



Principal Place of Business % 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301	Mailing Address % 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 225 WEST 34TH STREET Suite, Apt. #, etc. 22 SUITE 2110 City & State 23 NEW YORK Zip 24 10122	2a. Mailing Address 26 225 WEST 34TH STREET Suite, Apt. #, etc. 27 SUITE 2110 City & State 28 NEW YORK Zip 29 10122	Country 25 Country 30
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3. Date Incorporated or Qualified 10/02/1992	
4. FEI Number 13-3246732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 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

**PARALEGAL AND ATTORNEY SERVICE BUREAU, INC
 1406 HAYS STREET, SUITE 2
 TALLAHASSEE FL 32301**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PC WAGNER, HOWARD % 225 W. 34TH ST. NEW YORK NY	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV WAGNER, JOAN % 225 W. 34TH ST. NEW YORK NY	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAGNER, JOAN % 225 W. 34TH ST. NEW YORK NY	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRRIONE, JOSEPH C/O 225 W. 34TH ST. NEW YORK NY	<input checked="" 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/P/T HOWARD WAGNER 225 WEST 34TH STREET, SUITE 2110 NEW YORK, NEW YORK 10122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/VP/S JOAN WAGNER 225 WEST 34TH STREET, SUITE 2110 NEW YORK, NEW YORK 10122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP BRUCE JACOBI 225 WEST 34TH STREET, SUITE 2110 NEW YORK, NEW YORK 10122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	800002510538 -05/05/98--01032--010 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

CR2E034 (10/97)