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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000046639 (9)

NATIONAL BEHAR SERVICES INC

NATIONAL REMAD SERVICES,	HIO.
Principal Place of Business	Mailing Address
2929 E COMMERCIAL BLYD SUITE 306 FT LAUDERDALE FL 33308 US	PO BOX 5208 FT LAUDERDALE FL 33310-5208 US

## **FILED** May 06 1997 8:00am Secretary of State



Principal Place of Business 2929 E COMMERCIAL BLYD SUITE 306 FT LAUDERDALE FL 33308 US		PO BOX 5200	Mailing Address PO BOX 5208 FT LAUDERDALE FL 33310-5208 US			L HORITORI ING ARING HILL GOINT BONK TONIK TONIK GINTO BINK TIKAR HILL HORI HORI				
US						3. Date Incorporated or 07/02/1993	Qualified	3a. Date of 05/01/	of Last R <b>1996</b>	deport
	ace of Business Via Poinciana D	2a. Mailing A	Address			4. FEI Number 65-0424633				oplied For of Applicable
Suite, Apt. i	#, eţc	Suite, Ap	t.#, etc.	······		5. Certificate of Status I	Desired		8.75	Additional
2 Suite 7 City & State 3 Lake Worth, FL		City & St	City & State			6. Election Campaign Financing \$5,00 May				
Zip 2 2 4 6	· · · · · · · · · · · · · · · · · · ·	28 Zip		Country		Trust Fund Contributi  8. This corporation has	liability for in		under s	to Fees . 199.032,
24 3340	9. Name and Address of Currel	29	30	<u> </u>	<del></del>	Florida Statutes  10. Name and Address		Yes N		
DDE	NTICE HALL CORPORATION SY		371k	B1	Name To			istered Age	nt	
	NORTH MAGNOLIA STREET	O I CM		11	LEO	NARD K. SAMUELS, ESQ.				
	AHASSEE FL 32301			82	Street Add	ress (P.O. Box Number is No Northeast 3rd	Avenue.	) Suite	400	
				83						
				84	City			8 ريم	6 Zin	Code
					Ft.	Lauderdale,			33.	Code 301
office or re agont. Lar Signature	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with find accept the oblig	e of Florida. Such o jations of, Section (	change was auth 607.0505, Florida <b>Q</b>	norized by t a Statutes.	the corpora	_		the appoint $1997$	ment as	registered
	Signature, typed or printed name of registered ag	ent and tibe if applicable	(NOTE: Re	gistered Ageni	l signature requi		ry 23,	DATE		
	· · · · · · · · · · · · · · · · · · ·	ent and title if applicable ID DIRECTORS	(NOTE: Re	gistered Agen	l signature requi	red when reinstating)  ADDITIONS/CHANGES		DATE	RECTOR	RS IN 12
	OFFICERS AN	ID DIRECTORS	(NOTE: Re		l signature requi	red when reinstating)		DATE RS AND DI	RECTOF Change	RS IN 12
12. THE NAME	OFFICERS AN D ROSENBERG, RALPH	ID DIRECTORS		13.	Laignature requi	red when reinstating)		DATE RS AND DI		
12. TILLE NAME STREET ADDRESS	OFFICERS AND D ROSENBERG, RALPH 1800 NORTHEAST 114TH STR	ID DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET A	DDRESS	red when reinstating)		DATE RS AND DI		
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I am an officer or director of the corporation or the receiver or trustee empowered to succute 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 adverse