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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300066569 (3)

THE NEFCO MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
114 WINDWARD DR	114 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418	PALM BEACH GARDEND FL 33418-4009
US	US

FILED Mar 11 1997 8:00am Secretary of State



rinopairiace	DI BUSINESS	IVIG	alling Address								
114 WINDWARD PALM BEACH O US	DR Gardens FL 33418		4 WINDWARD DRIVE LM BEACH GARDEND	FL 33418-	4009	ı					
05			00					3. Date Incorporated or Qualified 3a, Date of Last Report 09/24/1993 06/13/1996			
A Principal Die	ace of Business		Mailing Address			······		8/24/1883 El Number	1 00/	10/ 100	
	ace o positiess	26	Maining Address				1 "	65-0437930		-	Applied For Not Applicable
21 Suite, Apt #	r etc	26	Suite, Apt. #, etc.					00.0401900		607	5 Additional
22		27					5. C	ertificate of Status Desired			Required
City & State	•	28	City & State					lection Campaign Financing rust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	29	Zip	30 Cou	intry			his corporation has liability for lorida Statutes	intangible Yes		er s. 199.032 ,
	g. Name and Address of Currer		lered Agent	-1351				ame and Address of New Re			
9CH	ALLER, ELAINE				81	Name			- 		
114	WINDWARD DRIVE				82	Street Add	dress (P.C	D. Box Number is Not Acceptate	ble)		
PALI	M BEACH GARDENS FL 33418				83						
					84	City			FL	85 2	Zip Code
	o the provisions of Sections 607.050	10 To	07.4500 51: 11.6: 1		Щ					<u> </u>	
office or re agent. I ar	sgistered agent, or both, in the State in familiar with, and accept the oblig	of Floric	da. Such change was	authorize	d by	the corpora	ation's bo	ard of directors. I hereby acce	pt the app	ointmen	t as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title	if appricable (NC	TE Registere	d Age	ent signature requ	uired when re	instating)	DATE		
12.	OFFICERS AN	D DIREC	CTORS	13.			AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	TORS IN 12
TITLE	PSCD		DELETE	1.1 TI	TLE					Chan	ge Addition
NAME	SCHALLER, EARLE			1.2 N	AME						
STREET ADDRESS	114 WINDWARD DRIVE			1.3 \$	TREET	ADDRESS					
CITY - ST - ZIP	PALM BEACH GARDENS FL 3	3418		1.4 C	TY-S	IT-ZIP					
TITLE	VTD		DELETE	2.1 TI						Chan	ge Addition
NAME	SCHALLER, ELAINE			2.2 N	AME						
STREET ADDRESS	114 WINDWARD DR			235	REFT	ADDRESS					
CITY - ST - ZIP	PALM BEACH GARDENS FL 3	3418		1		ST-ZIP					
TITLE	Train benot Groberto Te c	70110	DELETE	3.1 7(31-21)				Chan	ge Addition
NAME				3.2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TIDLE			DELETE	3.4. U		51-21				Chan	ge Addition
NAME			had Verein	4.21							
						ADDOLES					
STREET ADDRESS						ADDRESS					
CHTY-S1-7IP			☐ DELETE			IT-ZIP				☐ Chan	ge Addition
THILE				5.1 Ti						01611	AN TITL VOCUMON
NAME				5.2 N							
STREET ADDRESS						ADDRESS					
City - St - ZiP			T no ere			IT-ZIP				1 Abo	nga Ladai:
TITLE			☐ DELETE	6.1 TI						Chan	ige 🔲 Addition
NAME				6.2 N							
STREET ADDRESS				6.3 S	TREET	ADDRESS					
CITY-ST-ZIP				6.4 C	ITY-S	T-ZIP					

14. I do 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 sequal 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 proporation 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 12 or Block 10 in changed, or or an attachment with an address.