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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000066569 (3)

1. Corporation Name
THE NEFCO MANAGEMENT CORPORATION



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

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
Includes fields for Suite, Apt #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0437930
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ], No [X]

9. Name and Address of Current Registered Agent
SCHALLER, ELAINE
114 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
Includes fields for Title, Name, Street Address, City-ST-ZIP for PSCD and VTD roles.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Includes fields for 1.1-1.4 and 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

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 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: [Handwritten Signature] EARLE SCHALLER 3/7/97 561-775-2502
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Daytime Phone #)

CR2E034 (9/96)