

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000088608 (3)

1. Corporation Name

NATIONAL LIABILITY SPECIALISTS, INC.



Principal Place of Business

150 E. PALMETTO PARK ROAD
SUITE 370
BOCA RATON FL 33432
US

Mailing Address

150 E. PALMETTO PARK ROAD
SUITE 370
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified
12/30/1993

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 481 E. Hillsboro Blvd.

2a. Mailing Address

26 481 E. Hillsboro Blvd.

4. FEI Number
~~NOT APPLICABLE~~ 65-0600197

Applied For
Not Applicable

22 Suite, Apt. #, etc.

22 200-A

27 Suite, Apt. #, etc.

27 200-A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

23 Deerfield Beach FL

28 City & State

28 Deerfield Beach FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

24 33441

25 Country

25 USA

29 Zip

29 33441

30 Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GLICK, ROBERT
150 E. PALMETTO PARK ROAD
SUITE 370
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

481 E. Hillsboro Blvd.

83 Suite

200 A

84 City

Deerfield Beach

FL

85 Zip Code

33441

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

Robert E. Glick / Pres.

(NOTE: Registered Agent signature required when reappointing)

2/2/96

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME
GLICK, ROBERT E
STREET ADDRESS
17675 SCARSDALE WAY
CITY-ST-ZIP
BOCA RATON FL 33496

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Glick / Pres.

2/2/96

84-421-0055

DATE

Daytime Phone #

CR2E034 (12/95)