

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED

95 MAY -1 PM 12:22

DOCUMENT # P94000042011 (4)

1. Corporation Name

NDCC (FLORIDA) CORP.

000001504600
-06/02/95--01037--005
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17396 BRIDLE WAY TRAIL BOCA RATON FL 33496	17396 BRIDLE WAY TRAIL BOCA RATON FL 33496

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt # etc	26 Suite, Apt # etc
22 City & State	27 City & State
23	28
24	29
25	30

3. Date incorporated or qualified	3a. Date of Last Report
06/06/1994	
4. FE Number	Approved For
65-0504936	Not Applicable
5. Certificate of Status Entered	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has submitted a statement under oath to the Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RICHMAN, BENJAMIN S 17396 BRIDLE WAY TRAIL BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of sections 607.01 and 607.02, Florida Statutes, I, the undersigned, being a resident inhabitant of the State of Florida, do hereby certify that the above is a true and correct statement of the information required by said sections, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE _____

12. OFFICERS AND DIRECTORS
NAME D RICHMAN, BENJAMIN S 17396 BRIDLE WAY TRAIL BOCA RATON FL 33496
NAME D V T S VALENTINO, ROBERT J 369 LEXINGTON AVE. NEW YORK NY 10017
NAME
NAME
NAME
NAME
NAME
NAME
NAME
NAME
NAME

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS
NAME
NAME
NAME
NAME
NAME
NAME
NAME
NAME
NAME
NAME

14. I, the undersigned, being a resident inhabitant of the State of Florida, do hereby certify that the above is a true and correct statement of the information required by said sections, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: CHAMM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 1995