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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042539** (4)

NATIONAL CONSUMER BENEFITS, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



2. Principal Place of Business 2. A Fill Number 59-8248227 Suite, Apt. #, etc. Suite, Apt	Applied For Not Applicate \$8.75 Additional Fee Required \$5.00 May Be Added to Fees at under \$199 032, No
Suite, Apt. #, etc. City & State Repair Country PARK, RONALD G JR Read HORSESHOE COURT COCOA FL 38288 11. Pursuant to the provisions of Section & 607 0500 Star 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of city of the city of florid Statutes, the above-named corporation submits this statement for the purpose of city of the city of florid Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent 1 purpose of city of the state of florid Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent 1 purpose of city of the city of florid Statutes. SIGNATURE Signature Signature PARK, RONALD G JR. Signature PARK, BARBARA J Signature PARK, BARBARA J Signature PARK, BARBARA J Signature PARK, RANAL G Signature Signatu	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees x under s 199 032, No
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4. To heavisy curtify 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 Higher or on an attachment with an address.

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

Daytime Phone #4