

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000062857 (5)**

1. Corporation Name

NATIONAL SELF-DEFENSE INSTITUTE, INC.



Principal Place of Business

Mailing Address

300 71 ST.
3RD FLOOR
MIAMI BEACH FL 33141
US

16100 N.E. 16 AVENUE
STE. A-2
N. MIAMI BEACH FL 33162
US

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0530614

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

81 Name
DONALD L. EISENBERG

82 Street Address (P.O. Box Number is Not Acceptable)
16100 N.E. 16th Avenue

84 City
North Miami Beach

85 Zip Code
FL 33162

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 **DONALD L. EISENBERG, CPA**

(Print Registered Agent's name and printed corporation name)

4-21-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DP HARRIS, THERESE D**
STREET ADDRESS **15611 FISHER ISLAND DR.**
CITY - ST - ZIP **MIAMI FL 33109**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **801 N. VENETIAN DR. PH E**
1.4 CITY - ST - ZIP **MIAMI, FL 33139-1007**

TITLE DELETE
NAME **DST HARRIS, ERWIN**
STREET ADDRESS **15611 FISHER ISLAND DR.**
CITY - ST - ZIP **MIAMI FL 33109**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **801 N. VENETIAN DR. PH E**
2.4 CITY - ST - ZIP **MIAMI, FL 33139-1007**

TITLE DELETE
NAME **V KILANI, A.**
STREET ADDRESS **15611 FISHER ISLAND DR.**
CITY - ST - ZIP **MIAMI FL 33109**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **300 71ST**
3.4 CITY - ST - ZIP **MIAMI BEACH, FL 33141**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Erwin D. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

305-577-5811

CR2E034 (12/95)