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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

4000067493 (A)

·	n Name N FINANCIAL, INC.	00067493 (4	,	I jarihari kir jeniharin raki	
Principal Place	of Business	Mailing Address			N 80NN 80NB EHKY HON 910NE NIGER HAK 1861
LA FONTANA 405 NORTH 2003 NORTH OCEAN BLVD. BOCA RATON FL 33431		LA FONTANA 405 NORTH 2003 NORTH OCEAN BLVD. BOCA RATON FL 33431			
				3. Date incorporated or Qualified 09/14/1994	3a. Date of Last Report 02/13/1995
	nce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt	#, etc	Suite, Apt. #, etc.		22-3256507	Not Applicab
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May Be
3∐ 	Country	28		Trust Fund Contribution	Added to Fees
4	25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under si 199.032, ii si 🗍 No
	9. Name and Address of Cur			10. Name and Address of New F	
			81 Name		
CT CORPORATION SYSTEM			82 Street Add	fress (P.O. Box Number is Not Acceptat	bie)
	OUTH PINE ISLAND ROAD TION FL 33324		83		
FLAITIA	HON PL 33324		63		
			84 City		FI 85 Zip Code
familiar wit	h, and accept the obligations of, S	ection 607,0505, Florida Statute	zed by the corporation's boars.	oration submits this statement for the purad of directors. I hereby accept the app	ointment as registered agent. I am
familiar wit SIGNATURE	b, and accept the obligations of, S Street by edo rented note of control a OFFICERS, D WOLF, LAWRENCE	ection 607,0505, Florida Statute gman biological statute gman biological statute AND DIRECTORS	SS. OTE: Registered Agent signature require 13. 1.1 TITLE 12 NAME	ard or directors. I hereby accept the app	pointment as registered agent. I am
familiar wit SIGNATURE _ 12. THE NAME STREET ADDRESS	h, and accept the obligations of, S Street by the obligations of S OFFICERS A	ection 607,0505, Florida Statute gman biological statute gman biological statute AND DIRECTORS	FOIE Registered Agent signature resource 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ard of directors. I hereby accept the app	DATE DATE DEFINITION OF THE PROPERTY OF THE
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SIGNATURE:

WE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRE

LAWARNER M. WOLF)2/12/

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