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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Saridra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

1996 DOCUMENT #

P94000085235 (7)

NATIONAL PSYCHIC ASSOCIATION, INC.

Principal Place of Business

8177 W GLADES RD. 205 BOCA RATON FL 33434 Maling Address

8177 W GLADES RD. 205 BOCA RATON FL 33434



					3. Date Incorporated or Qual	ified 3a.	Date of Last F 04/19/	995	
2. Principal Pla	ce of Business	2a Mailing Address	CA		4. FEI Number 65-0535647			Applied For	
Suite, Apt. e	MOWNA) WOO	(44) /200	W CAR	TIME	4V 00 0000011			Not Applicable	
22	300	Suite, Apt. #_etc.	)		5. Certificate of Status Desire	ed 🗖		Additional Required	
Oity & State	JAML	City & State  28 GAN	e	····	6. Election Campaign Financ Trust Fund Contribution	ing		May Be	
2334	33 25 Not ~ RL	2°9433	Chintry 30 Jan	m Rd	8. This corporation has trability Florida Statutes	ty for intangi		199.032,	
::::	g. Name and Address of Current	Registered Agent	130 4 100	100	10. Name and Address of N				
			81	Name	10, Traine Ella Addiess Of th	ion riogisti	oreci Agent		
FELGE	r, david								
7731 MANDARIN DR			82	Street Address (P.O. Box Number is Not Acceptable)					
BOCA	RATON FL 33433		83						
,			[84]	City			85 Z	p Code	
11. Pursuant to	o the provisions of Sections 607.0502 a	and 607.1508. Florida Statute	s the above-n	amed cornor	ration submits this statement for the	00 00 100 000 0	of changing its	engistered office	
	ed agent, or both, in the State of Florida n, and accept the obligations of, Section		d by the corpo	oration's boar	rd of directors. I hereby accept the	appointme	nt as registered	l agent. I am	
SIGNATURE	, 5 : : : ; :								
	Signature: typed or printed hanne of registered agent at	ad the Pay pication (NOT	E. Registered Apent	signature require	d when reinstating)	D/	ATÉ		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	PAS IN 12	
111( F	U	ETT DELETE							
	EELGED DAVID	☐ DELETE	1 1 TITLE	_   √	ene		Change	Addition	
NeMt	FELGER, DAVID		1 1 TITLE 12 NAME	\	And		~		
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To the early that the information implices with thing is contractly that the information indicated on this annual report or supplymental 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. Flurther certify 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 attackment with an address.

CER OR DIRECTOR

SIGNATURE:

1-20-96 447440g