

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000088788 (2)

1. Corporation Name

NLF, INC.



Principal Place of Business

Mailing Address

15 SE 2ND AVENUE
DEERFIELD BEACH FL 33441

15 SE 2ND AVENUE
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0543937

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKEY, JACQUELINE P
15 SE 2ND AVENUE
DEERFIELD BEACH FL 33441

81 Name

KARL N. DICKEY

82 Street Address (P.O. Box Number is Not Acceptable)

15 SE 2ND AVENUE

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33441-3799

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

Karl N. Dickey
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

KARL N. DICKEY

3-12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DICKEY, KARL
STREET ADDRESS 15 SE 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE CEO
NAME DICKEY, JACQUELINE P
STREET ADDRESS 15 SE 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL ☒ DELETE

TITLE VP
NAME DICKEY, KARLTON
STREET ADDRESS 15 SE 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE S
NAME GWINN, KARLA
STREET ADDRESS 15 SE 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE VP
NAME JODI R. McMASTERS
STREET ADDRESS 15 SE 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr Phone #

3-12-96

954-426-1111

CR2E034 (12/95)