


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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
**15 SE 2ND AVENUE
DEERFIELD BEACH FL 33441**

Mailing Address
**15 SE 2ND AVENUE
DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc. 15 NE 2ND AVE		26 Suite, Apt. #, etc. 15 NE 2ND AVE		4. FEI Number 65-0543937		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State DEERFIELD BEACH, FL		27 City & State DEERFIELD BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33441-3503		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33441-3503		25 Country USA		29 Zip 33441-3503		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**KARL N. DICKEY
15 SE 2ND AVENUE
DEERFIELD BEACH FL 33441**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15 NE 2ND AVE
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

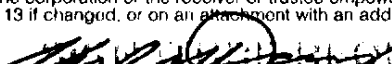
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	PRES, SECRETARY
NAME	DICKEY, KARL	1.2 NAME	
STREET ADDRESS	15 SE 2ND AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	DICKEY, KARLTON	2.2 NAME	
STREET ADDRESS	15 SE 2ND AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GWINN, KARLA	3.2 NAME	
STREET ADDRESS	15 SE 2ND AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	TREASURY
NAME	JODI R. MCMASTERS	4.2 NAME	
STREET ADDRESS	15 SE 2ND AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify 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 if changed, or on an attachment with an address.

SIGNATURE:



7-2-97 954,426,111

CR2E034 (4/97)