

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 # P95000011706 (5)

1. Corporation Name
N & D MANAGEMENT CORPORATION



Principal Place of Business: P O BOX 916097 LONGWOOD FL 32791-6097
Mailing Address: P O BOX 916097 LONGWOOD FL 32791-6097

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	02/09/1995	
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-3294722	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSARIO, NICOLAS 823 RAVEN CIR #102 ALTAMONTE SPRINGS FL 32714	81 Name: ROSARIO, NICOLAS 82 Street Address (P.O. Box Number is Not Acceptable): 83 600 MEADOW LN 84 City: LONGWOOD, FL 85 Zip Code: 32779

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: ROSARIO, NICOLAS	1. TITLE: D	NAME: ROSARIO, NICOLAS
STREET ADDRESS: 823 RAVEN CIR #102	CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	12. NAME: ROSARIO, NICOLAS	13. STREET ADDRESS: 600 MEADOW LN, LONGWOOD, FL 32779
TITLE: D	NAME: MATOS, ISABEL	2. TITLE: D	NAME: MATOS, ISABEL
STREET ADDRESS: 823 RAVEN CIR #102	CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	22. NAME: MATOS, ISABEL	23. STREET ADDRESS: 600 MEADOW LN, LONGWOOD, FL 32779
TITLE: [] DELETE	NAME: [] DELETE	3. TITLE: [] CHANGE [] ADDITION	NAME: [] CHANGE [] ADDITION
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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: *Nicolas Rosario* 2/8/96 (407)426-5908
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)