## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



## DOCUMENT # P95000025247 (4)

COF ANNU	PROFIT RPORATION JAL REPORT 1997		FLORIDA DEPARTMENT OF S  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIO				
	MENT # NFC HOLDING		002	5247	(4)		
Principal Place of Business Mailing Address  P.O. BOX 870 HOBE SOUND FL 33475  P.O. BOX 870 HOBE SOUND FL 33475-0870							
_	lace of Business		28.	Mailing Addre	ess		
Sufte, Apt.	# oto		26	Suite, Apt. #,	nio.		
22 Suite, Apt.	# <sub>1</sub> <b>0</b> 10.		27	oute, Apt. ff,	GIU.		
City & Stat	8			City & State		<del></del>	
23			28				
Zip	<u> </u>	lountry		<b>Z</b> ip		Country	
24	25 25 9. Name and 4	Address of Curre	29 ent Regis	tered Agent		30	
C1 C	TCHER, JOHN 8					81	
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200						82	
	S. BISCAYNE E	BLVD.	ENTER			82	
530		BLVD. Financial Ce	ENTER			82 83	
530 MIA 11. Pursuant office or r	S. BISCAYNE E O FIRST UNION MI FL 33131-233 to the provisions of egistered agent, of	BLVD. FINANCIAL CE 39  If Sections 607.05 or both, in the Sta	502 and €	da. Such chan-	ge was a	83 84 es, the above	
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## **FILED** Apr 21 1997 8:00am Secretary of State



Principal Flace	Of Dusiriess		IV	naming Address				. !			••		
P.O. BOX 870 HOBE SOUND FL 33475			P.O. BOX 870 HOBE SOUND FL 33475-0970										
						3	Date Incorporated or Qualified 03/29/1995	3a. Date of Last Report 06/11/1996					
2. Principal Pia	ace of Busines	\$	2a	. Mailing Address		•		4	. FEI Number			Applied	For
21			26						52-1924107			<del></del>	olicable
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.				5	Certificate of Status Desired			<b>75</b> Additi e Require	
City & State	)			City & State				6	. Election Campaign Financing		\$5.	<b>00</b> May	Be
23			28						Trust Fund Contribution			ded to Fe	
Zip		Country		Zip	Co	untry	,	8	. This corporation has liability for i			ler s. 199	.032,
24	25		29		30	Ţ				Yes			
		d Address of Current	Regi	stered Agent		-	T	10	. Name and Address of New Re	gistered A	gent		
	TCHER, JOH					81	Name						
	S. BISCAYN					82	Street A	Address	P.O. Box Number is Not Acceptab	le)			
		ON FINANCIAL CEN	TER										
MIAI	MI FL 33131-	2339				83							
<u>'</u> .						84	City		······································		85	Zip Code	
					<del> </del>	<u> </u>	L			FL			
11. Pursuant to office or re	o the provision agistered agan	is of Sections 607.0502 It or both lin the State (	? and ( nf Flor	607.1508, Florida Stat ida. Such chance was	utes, the a s authorize	above ed by	e-named c zithe coror	corporati oration's	on submits this statement for the p board of directors. I hereby accep	urpose of it the appo	changi intmer	ng its reg it as regis	istered Jered
agent. I an	n familiar with,	and accept the obliga	tions c	of, Section 607.0505, I	Florida Sta	atutes	3.		,				
SIGNATURE		·											
12.	Signature, typed or i	printed name of registered agen OFFICERS AND			13.	ea Age	ont signature r	required wh	on reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIREC	TORS IN	12 6
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NAME	CAMPBELL	I ARRY A				NAME	İ						
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CITY-ST-ZIP		JND FL 33455				DITY-S							15
TITLE	8	710 16 00 100		DELETE		ITLE	<u>```</u>				Cha	nge 🔲	Addition
NAME	GRAZIANO	PETER S		<del></del>	2.21	NAME						•	
STREET ADDRESS		PORATE DR., SUITE	1130	)			ADDRESS						
CITY-ST-ZIP		MD 20785		•		CITY-S							ľ
TITLE	T	1		☐ DELETE		TITLE					Cha	nge 🔲	Addition
NAME	BLOCK, MI	CHAEL D			3.21	NAME							
STREET ADDRESS		PORATE DR., SUITE	1130	)	335	STREET	ADDRESS						
CITY-ST-ZIP		MD 20785			3 4.	CHTY-S	ST-ZIP						Ì
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STREET ADDRESS					4.3 9	STREET	ADDRESS						
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CITY-ST-ZIP					6.4	CITY-S	iT-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.