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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000039174 (4) **DOCUMENT #** 

1. Corporation Name THE NATIONAL ASSOCIATION OF PRIVATE HOME SELLERS INC.



incipal Place of Busin	lailing Address					77007700 10107 01171 00171						
405 N OCEAN BLVD POMPANO BEACH F			405 N OCEAN BLVD - #1225 POMPANO BEACH FL 33062									
								3. Date Incorporated or Qualified 05/17/1995	<b>3a.</b> Da	ite of Last	Report	
. Principal Place of Business		2a.	2a. Mailing Address					4. FEI Number			Applied For	
		26				ike	65-0656360 Not Applicabl					
Suite, Apt. #, etc.		27]	Suite, Apt. #, etc. <b>E-3</b>					5. Certificate of Status Desired		Fe	75 Additional e Required	
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
3		28	28 Norristown			<u></u> /		8. This corporation has liability for intangible tax under s 199.032,				
Zτρ	Country 25	29	19401				]					
9. Na	ame and Address of Cu	rrent Regis	tered Agent		4011	cyonie	er A	Florida Statutes Ye  10. Name and Address of New	Registere	d Agent		
					81	Name						
COHN, HELE!	4				82 Street Addre			ess (P.O. Box Number is Not Acceptable)				
405 N OCEAN BLVD - #1225					83							
POMPANO BE	EACH FL 33062				63	'						
•					84	City			F	85	Zip Code	
		0500	2 1500 Flords Stat	hitoe tha	about.	named co	morati	ion submits this statement for the plot directors. I hereby accept the ap	rnose of c	changing i	its registered of	
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4. I do hereby certify	that the information sup	pled with th	is filing <b>ja</b> voluntarily	furnished	and do	pes not qua	alify for	ir the exemption stated in Section 1 te and that my signature shall have t	19.07(3)(k), he same le	Florida S Igal effect	itatutes. I furthe as if made und	
certify that the info	ormation indicated on this righter or director of the	s annual rep comparation	on the supplemental or the science or tru	armuai rep ustee emp	owere:	d to execu	te this	or the exemption stated in Section 1 re and that my signature shall have to report as required by Chapter 607,	Florida Sta	atutes; an	d that my name	
appears in Block	12 or Block 13 if change	a, o ori an a	atiochivent with an a	1		7)		.1 1				
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SIGNATURI	SIGNATURE AND TY	PEO OF PRINT	ED NAME OF SIGNING		ПЕСТО	A THE P.		Date	,	Daytinie I	Phone #	