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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # *p95000041872*

1. Corporation Name

NPA ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

1860 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33322

3. Date Incorporated or Qualified

JULY 21, 1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSAN GORDON  
1021 IVES DAIRY ROAD  
SUITE 109  
MIAMI, FL 33179

81 Name

DAVID D'AMICO

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

10424 DORCHESTER DRIVE

83

84 City

BOCA RATON

FL

85

Zip Code

33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, 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

*David D'Amico*

4/1/96

12. OFFICERS AND DIRECTORS

TITLE President  
NAME Paul J. Trentacoste  
STREET ADDRESS 8 Harness Road  
CITY, ST, ZIP St. James, NY 11780

TITLE Vice-President  
NAME Robert Iacona  
STREET ADDRESS 3041 Avenue T  
CITY, ST, ZIP Brooklyn, N.Y. 11226

TITLE Secretary  
NAME Patricia Paris  
STREET ADDRESS 12 High Hill Lane  
CITY, ST, ZIP Huntington, NY 11746

TITLE Treasurer  
NAME Patricia Gallicchio  
STREET ADDRESS 42 Colonial Drive  
CITY, ST, ZIP Farmingdale, NY 11735

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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

ROBERT IACONA SR. V.P./CFO

4/2/96

954-423-9498

CR2E034 (12/95)