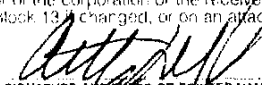


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 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 # P95 000048335			
1. Corporation Name NCR INVESTORS, INC			
Principal Place of Business		Mailing Address	
P.O. Box 25183 SARASOTA, FL 34277			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 One Erieview Plaza	6/14/95	4/30/96
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27 1300	59-3325363	Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28 Cleveland, OH	☐	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29 44114	☐	
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No
25	30 USA		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEPHEN KEYSER, ESQ 1515 RINGLING BLVD SUITE 1000 SARASOTA, FL 34236		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE		13.1 TITLE	
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	
12.5 TITLE		13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP		13.8 CITY-ST-ZIP	
12.9 TITLE		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP		13.20 CITY-ST-ZIP	
12.21 TITLE		13.21 TITLE	
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-ST-ZIP		13.24 CITY-ST-ZIP	
12.25 TITLE		13.25 TITLE	
12.26 NAME		13.26 NAME	
12.27 STREET ADDRESS		13.27 STREET ADDRESS	
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12.34 NAME		13.34 NAME	
12.35 STREET ADDRESS		13.35 STREET ADDRESS	
12.36 CITY-ST-ZIP		13.36 CITY-ST-ZIP	
12.37 TITLE		13.37 TITLE	
12.38 NAME		13.38 NAME	
12.39 STREET ADDRESS		13.39 STREET ADDRESS	
12.40 CITY-ST-ZIP		13.40 CITY-ST-ZIP	
12.41 TITLE		13.41 TITLE	
12.42 NAME		13.42 NAME	
12.43 STREET ADDRESS		13.43 STREET ADDRESS	
12.44 CITY-ST-ZIP		13.44 CITY-ST-ZIP	
12.45 TITLE		13.45 TITLE	
12.46 NAME		13.46 NAME	
12.47 STREET ADDRESS		13.47 STREET ADDRESS	
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12.70 NAME		13.70 NAME	
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12.78 NAME		13.78 NAME	
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12.90 NAME		13.90 NAME	
12.91 STREET ADDRESS		13.91 STREET ADDRESS	
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12.93 TITLE		13.93 TITLE	
12.94 NAME		13.94 NAME	
12.95 STREET ADDRESS		13.95 STREET ADDRESS	
12.96 CITY-ST-ZIP		13.96 CITY-ST-ZIP	
12.97 TITLE		13.97 TITLE	
12.98 NAME		13.98 NAME	
12.99 STREET ADDRESS		13.99 STREET ADDRESS	
12.100 CITY-ST-ZIP		13.100 CITY-ST-ZIP	
14. I 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 stated 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:  DATE: 3/18/97 DAYTIME PHONE: (246) 522-1200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY DECELLO, Vice President			

CR2E034 (9/96)