

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062403 (7)

1. Corporation Name

NATIONAL REGULATORY SERVICES CORPORATION



Principal Place of Business

Mailing Address

% FREEDOM COMMUNICATIONS
33 SOUTHEAST 7TH STREET, SUITE C
BOCA RATON FL 33432

% FREEDOM COMMUNICATIONS
33 SOUTHEAST 7TH STREET, SUITE C
BOCA RATON FL 33432

3. Date Incorporated or Qualified 08/14/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 4701 North Federal Hwy. 21 4701 N. Federal Hwy.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 470, Box A-7 22 Suite 470, Box A-7

23 Lighthouse Point, FL 23 Lighthouse Point, FL
City & State City & State
24 33064 24 33064
Zip Zip
25 USA 25 USA
Country Country

4. FEI Number 65-0604159
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name Michael Koslen
82 Street Address (P.O. Box Number is Not Acceptable)
4701 North Federal Highway
83 Suite 470, Box A-7
84 City Lighthouse Point FL 85 Zip Code 33064

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 Michael Koslen

7/2/96

Signature typed or printed in block and agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE P/D
12 NAME Marlene Koslen
13 STREET ADDRESS 4701 N. Federal Highway, #470/A-7
14 CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Michael Koslen - V/D/T
22 NAME
23 STREET ADDRESS 4701 N. Federal Hwy, #470/A-7
24 CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Maxine E. Balis - V
32 NAME
33 STREET ADDRESS 4701 N. Federal Highway, #470/A-1
34 CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Virginia E. Abreu- S
42 NAME
43 STREET ADDRESS 4701 N. Federal Highway, #470/A-7
44 CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Koslen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96 (984) 941-7592

CR2E034 (3/96)