FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000080203 (9)

1. Corporation Name

NATIONAL EXPLORERS AND TRAVELERS HEALTH CARE, INC.

Principal Place of Business

5432 N.W. 1ST AVENUE
FT. LAUDERDALE FL 33309

Mailing Address

5432 N.W. 1ST AVENUE
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **10/18/1995**

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number — 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**

VECCHIO, JOSEPH A JR
2929 EAST COMMERCIAL BLVD.
BARNETT BANK TOWER, PH SUITE A
FT. LAUDERDALE FL 33308

10. **Name and Address of New Registered Agent**

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 ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BARTH, STEVEN	
STREET ADDRESS	5432 N.W. 1ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S	☐ DELETE
NAME	KABACK, CHARLOTTE	
STREET ADDRESS	5432 N.W. 1ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	TD	☐ DELETE
NAME	JONES, STEVEN	
STREET ADDRESS	5432 N.W. 1ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	☐ DELETE
NAME	MCLAUGHLIN, STEVEN	
STREET ADDRESS	5432 N.W. 1ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	Director	☐ DELETE
NAME	Steven Barth	
STREET ADDRESS	5432 NW First Ave	
CITY-ST-ZIP	Ft Lauderdale FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	DEBRA BENDER	
1.3 STREET ADDRESS	7998 E. COUNTRY CLUB BLVD	
1.4 CITY-ST-ZIP	BOCA RATON FL 33487	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	300001829093	
5.4 CITY-ST-ZIP	-05/20/96--01039--046	
6.1 TITLE	***200.00	☐ Change ☐ Addition
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: Debra L. Bender — 4/29/96 — 954-492-8774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)