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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P97000080203

1. Corporation Name
NATIONAL EXPLORERS & TRAVELERS HEALTH CARE INC

[redacted]

Principal Place of Business / Mailing Address
100 WEST CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309

3. Date Incorporated or Qualified: 10/18/95
3a. Date of Last Report: 5/1/96

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 / Country — 25
Zip — 29 / Country — 30

4. FEI Number: 65-0613750 ☐ 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
JOSEPH A. VECCHIO JR
2929 EAST COMMERCIAL BLVD
FT. LAUDERDALE FL
33308

10. Name and Address of New Registered Agent
81 Name
82 Street — CHARLOTTE KABACK
5432 NW 1ST AVENUE
83
84 City — FT. LAUDERDALE, FL 33309
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 Charlotte Kaback Secretary 4/30/97
Signature, name of the new current registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEBRA BENDER	1.2 NAME	
STREET ADDRESS	1998 E. COUNTRY CLUB RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	SECRETARY/DIRECTOR ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHARLOTTE KABACK	2.2 NAME	
STREET ADDRESS	5432 NW 1ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	TREASURER/DIRECTOR ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN JONES	3.2 NAME	
STREET ADDRESS	105 SILVERBELL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN McLAUGHLIN	4.2 NAME	
STREET ADDRESS	5432 NW 1 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale FL 33309	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN BARTH	5.2 NAME	
STREET ADDRESS	5432 NW 1 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale FL 33309	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	400002164934
STREET ADDRESS		6.3 STREET ADDRESS	-05/05/97--01002--062
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

14. I do 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 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; 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 Charlotte Kaback Secretary 4/30/97