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 # **P95000094288 (4)**

1. Corporation Name

NFA, INC.

Principal Place of Business

2383 NW 24 STREET
BOCA RATON FL 33434

Mailing Address

2383 NW 24 STREET
BOCA RATON FL 33434

3. Date Incorporated or Qualified: **12/11/1995**

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: [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

ALLEVA, FRANK T
2383 NW 24 STREET
BOCA RATON FL 33434

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 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE D	[ ] DELETE
NAME ALLEVA, FRANK T	
STREET ADDRESS 2383 NW 24 STREET	
CITY, ST, ZIP BOCA RATON FL 33434	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

FLORIDA DEPT. OF STATE
03/27/96 01037-030
**225.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this report or any furnished document not exceeding fifty pages for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental attachments hereto 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 attached typed or printed list.

SIGNATURE: Frank Alleva PRESIDENT 3-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-26-1996