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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000041812 (4)

NATIONAL RETIREMENT DEVELOPMENT COMPANY

FILED Apr 29 1997 8:00am Secretary of State



Dringings Division	of Business	Madison Adaleses				} 1 10011001 110 10110 0114 ##410 40111 0011		
Principal Place of Business Mailing Address						THE THE PERSON OF THE PERSON NAMED OF THE PERSON OF THE PE		
23200 CAMINO DEL MAR SUITE 701 23200 CAMINO DEL MAR			L MAR				•	
BOCA RATON FL 33433			BOCA RATON FL 33433-7158					
						 Date incorporated or Qualified 05/14/1996 	3a. Date of Las	st Report
 Principal Place of Business 		2a, Mailing Addre	2a. Mailing Address			4. FEI Number	-	Applied For
		26				65 - 0666565 Not Applicat		
Suite, Apt. 4	#, @fc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired	3 1 7	5 Additional Required
City & State		City & State	 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	c	ountry		8. This corporation has liability for it		er s. 199.032,
4	[25]	29	30	_			Yes No	
	g. Name and Address of C	urrent Hegistered Agent		81	Name	10. Name and Address of New Re	listered Agent	
STONE, ADELE I				"	Name			
ATKINSON, DINER, STONE & MANKUTA				82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)	
	8 TYLER STREET LYWOOD FL 33022-2088			83				
riot	LINOOD FL 330222000			64	City		lac :	in Codo
				64	City		FL 85	ip Code
12.	Signature, typed or pristed name of registe OFFICER	IS AND DIRECTORS DEL	13		nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT Chan	
1014	president			TITLE			L_J Chan	ge LJ Additio
NAME Street adoress		us DelMan		NAME OTDECT	ADDRESS			
OTY+S1-ZIP		F4-38483		CITY-S				
ITLE	Series UR	DEL		TITLE	-		Chan	ge Additi
NAME	Betty Radi	ie	2.2	NAME				
STREET ADDRESS	53500 Commin	to book than	2.3	STREET	ADDRESS			
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NAME	l		5.2	NAME	ļ			
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TITLE			5.4	CITY-S	T-ZIP			
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NAME STREET ADDRESS CITY-ST-7/P		D£L	5.4 ETE 6.1 6.2 6.3	CITY-S TITLE NAME	ADDRESS		☐ Char	ige Additis

4. 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; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/97

Daytime Phone #