## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600041812 (4)  NATIONAL RETIREMENT DEVELOPMENT COMPANY					
Principal Plac	e of Business	Mailing Address	- <del></del>	E INDELINDER IND SOURD BIRIT BARIT BOURD BORIN BORIN	
23200 CAMINO DEL MAR SUITE 701 BOCA RATON FL 33433		23200 CAMINO DEL MAR SUITE 701 BOCA RATON FL 33433		DO NOT WRITE IN THE	S SPACE
ę I				3. Date Incorporated or Qualified	
2, Principal P	lace of Business	2a. Mailing Address		05/14/1996 4. FEI Number	Applied For
21	-	26		65-0666565	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Ctot		City & State			Fee Required
City & State	<del>U</del>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	ONE, ADELE I				
ATKINSON, DINER, STONE & MANKUTA			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1946 TYLER STREET HOLLYWOOD FL 33022-2088			83		
110	LL111000 1 L 33022-2000		200		76-1
			B4 City	F	
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	Signature, typed or prestnd name of registered ager	and title if applicable INOTE	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		Change Addition
NAME	RADICE, ARTHUR		1.2 NAME		ĺ
STREET ADDRESS	23200 CAMINO DEL MAR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	T DELETE	1.4 CITY-ST-ZiP		Change T Address
TITLE	SVP	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	RADICE, BETTY 23200 CAMINO DEL MAR		2.2 NAME 2.3 STREET ADDRESS		}
DITY-ST-ŽIP	BOCA RATON FL		2.3 STREET ADDRESS 2.4 City-St-Zip	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TIFLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	ł
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- refire	5.2 NAME		Li comingo Li recurron
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		÷	6.2 NAME		·
STREET ADDRESS			6.3 STREET ANDRESS		

64 CITY-ST-ZIP

14. I 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 employmental 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: Y

Radio

3/28/98 561-391-486

**FILED** 

Apr 02 1998 8:00am

Secretary of State

3R2E034 (10/97)