

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047438

1. Corporation Name
NATIONAL MANAGEMENT ADVISORS INC.

Principal Place of Business

75 N.E. 6TH AVENUE
SUITE 218-A
DELRAY BEACH FL 33483

Mailing Address

75 N.E. 6TH AVENUE
SUITE 218-A
DELRAY BEACH FL 33483

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90017 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number

65-0669383

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERHARDT, ROBERT E
75 N.E. 6TH AVENUE
SUITE 218-A
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name Gerhardt, Robert E.

82 Street Address (P.O. Box Number is Not Acceptable)

4745 Nolina Lane

83

84 City Boynton Beach FL

85 Zip Code 33436

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

Robert E. Gerhardt Pres

4/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D ☐ DELETE

NAME GERHARDT, ROBERT E
STREET ADDRESS 75 N.E. 6TH AVENUE SUITE 218-A
CITY-ST-ZIP DELRAY BEAH FL 33483

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Gerhardt, Robert E.

1.3 STREET ADDRESS 4745 Nolina Lane

1.4 CITY-ST-ZIP Boynton Beach, FL. 33436

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

561-364-1994

Date

Daytime Phone #

CR2F034-141/98