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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000072251 (7)

N.I.F. SERVICES OF FLORIDA, INC.

Principal Place of Business Mailing Address 816 E SEAVIEW DRIVE 316 E SEAVIEW DRIVE DUCK KEY FL 33050 DUCK KEY FL 33050-3820 3a. Date of Last Report 3. Date Incorporated or Qualified 08/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0707049 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOGGIE, DENNIS 316 E SEAVIEW DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) DUCK KEY FL 33050 83 84 City 85 Zip Code 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TIM F 11000 President Change Addition NAME 12 NAME Dennis Loggie 316 E. Scaview Dr. STREET ADDRESS 13 STREET ADDRESS Duck Key, FL 33050 CITY-ST-ZIP 1.4 C/TY - S1 - Z/P DELETE TITLE 2 1 111LE Vice President Change Addition Michael A. Orlando NAME 22 NAME 40 Soundview Crest STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF manhasset, NY 11030 Secretary John G. Orlando 6 Med Ford Lane DELETE TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS E. Northport, Ny 11731 Change City-St-2iP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

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 eath; 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.

6.3 STREET ADDRESS

6.4 CITY - \$1 - 7IP

6.2 NAME