

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090208 (5)

1. Corporation Name
NLS ACQUISITIONS, INC.

Principal Place of Business
222 LAKEVIEW AVENUE
SUITE 280
W. PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVENUE
SUITE 280
W. PALM BEACH FL 33401-6147

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address	
21 1800 CORPORATE BLVD.	26 1800 CORPORATE BLVD.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 #300	27 #300		
City & State		City & State	
23 BOCA RATON, FL	28 BOCA RATON, FL		
Zip	Country	Zip	Country
24 33431	25 USA	29 33431	30 USA

3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report
4. FEI Number 65-0706663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under Fla. Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KOEPEL, JOEL P
222 LAKEVIEW AVENUE
SUITE 280
W. PALM BEACH FL 33401

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 607.0502 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEPEL, JOEL P	1.2 NAME	Ned L. Siegal
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 280	1.3 STREET ADDRESS	1800 Corporate Blvd. NW, Suite 300
CITY-ST-ZIP	W. PALM BEACH FL 33401	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D, V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Bruce S. Grundt
STREET ADDRESS		2.3 STREET ADDRESS	1800 Corporate Blvd. NW, Suite 300
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

4/22/97 (561) 998-9200

CR2E034 (9/96)