


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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016711 (8)

1. Corporation Name

NATIONAL INVESTMENT STRATEGIES, INC.



Principal Place of Business 2800 N. SURF ROAD SUITE 300 HOLLYWOOD FL 33019	Mailing Address 2800 N. SURF ROAD SUITE 300 HOLLYWOOD FL 33019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1815 No. Surf Rd Suite, Apt. #, etc. 22 Suite 500 City & State 23 Hollywood FL Zip 24 33019		2a. Mailing Address 25 P.O. Box 218 Suite, Apt. #, etc. 27 City & State 28 Dania FL Zip 29 33004		3. Date Incorporated or Qualified 02/21/1997	
				4. FEI Number 65-0729866	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent REEVES, ALFRED 2800 N. SURF ROAD SUITE 300 HOLLYWOOD FL 33019				10. Name and Address of New Registered Agent 81 Name Same - New Address 82 Street Address (P.O. Box Number is Not Acceptable) 1815 No. Surf Rd Suite 500 83 Suite 500 84 City Hollywood FL 85 Zip Code 33019			
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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  Alfred Reeves, Treasurer 4-16-98  
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 type="checkbox"/> DELETE		1.1 TITLE	Director & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, ALFRED			1.2 NAME			
STREET ADDRESS	2800 N. SURF RD., SUITE 300			1.3 STREET ADDRESS	1815 No. Surf Rd Suite 500		
CITY-ST-ZIP	HOLLYWOOD FL 33019			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Director & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Gloria J. Briggs		
STREET ADDRESS				2.3 STREET ADDRESS	1815 No. Surf Rd Suite 500		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Hollywood, FL 33019		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Dana L. Reeves		
STREET ADDRESS				3.3 STREET ADDRESS	1815 No. Surf Rd Suite 500		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Hollywood FL 33019		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

SIGNATURE  Alfred Reeves 4-16-98 561-929-1581

CR2E034 (10/97)