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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P97000020136 (2)

1. Corporation Name
NATIONAL INSTITUTE FOR RESEARCH, INC.

Principal Place of Business	Mailing Address
3430 GALT OCEAN DRIVE. SUITE 606 FORT LAUDERDALE FL 33308	3430 GALT OCEAN DRIVE. SUITE 606 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1997

2. Principal Place of Business	2a. Mailing Address
21 3556 N. Ocean Blvd	26 3556 N. Ocean Blvd.
Suite, Apt. #, etc. 22 221	Suite, Apt. #, etc. 27 221
City & State 23 Ft. Lauderdale, Fla	City & State 28 Ft. Lauderdale, Fl
Zip 24 33308 Country 25 Broward	Zip 29 33308 Country 30 Broward

4. FEI Number: 65-0732928 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name JOSEPH NEDLIN 82 Street Address (P.O. Box Number is Not Acceptable) 3556 North Ocean Blvd 83 Suite 221 84 City Ft. Lauderdale FL 85 Zip Code 33308

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 _____ 1-6-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revoking) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEDLIN, MARNY		1.2 NAME		
STREET ADDRESS	3430 GALT OCEAN DRIVE, SUITE 606		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEDLIN, JOSEPH		2.2 NAME		
STREET ADDRESS	3430 GALT OCEAN DRIVE, SUITE 606		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEDLIN, RICHARD P		3.2 NAME		
STREET ADDRESS	3430 GALT OCEAN DRIVE, SUITE 606		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ 1-6-98 954-548-4324