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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S04534 (1)

1. Corporation Name
NATIONAL CONSUMER SERVICES, INC.



Principal Place of Business
631 US HWY ONE, SUITE 407
NORTH PALM BEACH FL 33408

Mailing Address
631 US HWY ONE, SUITE 407
NORTH PALM BEACH FL 33408-4621

3. Date Incorporated or Qualified 10/04/1990	3a. Date of Last Report 07/23/1996
4. FEI Number 65-0219442	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 Suite 405 23 City & State 24 Zip 25 Country	26 Suite, Apt. #, etc. 27 Suite 405 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANERA, RONALD J.
631 U.S. HIGHWAY ONE
SUITE 307
NORTH PALM BEACH FL 33408

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Ste. 405
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANERA, RONALD J.	1.2 NAME	
STREET ADDRESS	631 US HWY ONE, STE. 407	1.3 STREET ADDRESS	631 US Hwy One, Ste. 405
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANERA, JOE J.	2.2 NAME	
STREET ADDRESS	631 US HWY ONE, STE. 407	2.3 STREET ADDRESS	631 US Hwy One, Ste. 405
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANERA, DONNA LYNN	3.2 NAME	
STREET ADDRESS	631 US HWY ONE, STE. 407	3.3 STREET ADDRESS	631 US Hwy One, Ste. 405
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 as an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-70-97 Daytime Phone #: 561-842-1665

CR2E034 (9/96)