

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39661** (4)
1. Corporation Name
THE NATIONAL REGISTRY INC.



Principal Place of Business: **11831 30TH COURT NORTH ST. PETERSBURG FL 33716**
Mailing Address: **11831 30TH COURT NORTH ST. PETERSBURG FL 33716**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/15/1992	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-4346070	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**PRICE, STEVEN T.
11831 30TH COURT NORTH
ST. PETERSBURG FL 33716**

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: _____ DATE: _____
Signature, typed or printed name of registered agent as to block 11 application (NOTE: Registered Agent signature required with Form 12)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COC <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTMANN, J. ANTHONY	1.2 NAME	FORSTMANN, J. Anthony
STREET ADDRESS	7 BEVERLY PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, STEVEN T	2.2 NAME	Shovel, W. Lee
STREET ADDRESS	3030 RAINBOW CT	2.3 STREET ADDRESS	16776 Bernardo Center Dr. 110B
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	SAN DIEGO, CA 92128
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGAN, GERRY	3.2 NAME	KERN, PETER
STREET ADDRESS	1416 BRIGHTWATERS BLVD. N.E.	3.3 STREET ADDRESS	12425 28th Street N. Ste 300
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Pete. FL 33716
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAFSON, JOHN L.	4.2 NAME	LOWE, TODD D.
STREET ADDRESS	3458 GODSPEED	4.3 STREET ADDRESS	21 Stanton Street
CITY-ST-ZIP	DAVIDSON MD	4.4 CITY-ST-ZIP	Northport, NY 11768
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, GERALD R.	5.2 NAME	LEAMY, ROBERT
STREET ADDRESS	MAYFIELD, JOHNSON & LEDLOW/19 SPEAR RD 306	5.3 STREET ADDRESS	752 Camino Concordia
CITY-ST-ZIP	RAMSEY NJ	5.4 CITY-ST-ZIP	Camarillo, CA 93010
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	No V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDLOW, FREDERICK G.	6.2 NAME	Fuller, CLINT
STREET ADDRESS	19 SPEAR RD., SUITE 306	6.3 STREET ADDRESS	15513 Valerie Dr.
CITY-ST-ZIP	RAMSEY NJ	6.4 CITY-ST-ZIP	Macomb Township, MI 48044

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steven T Price 5902 200
DATE: 3-20-96 (18)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TELEPHONE: (813) 573-3351 (18)

CR2E034 (12/95)