

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000020078 (8)**  
 1. Corporation Name  
**NEW CENTURY INVESTOR SERVICES, INC.**



Principal Place of Business <b>4770 TREE FERN DR. DELRAY BEACH FL 33445</b>	Mailing Address <b>4770 TREE FERN DR. DELRAY BEACH FL 33445</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1995</b>	
21	22	25	26	4. FEI Number <b>65-0575689</b>	Applied For Not Applicable
23		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		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**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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	SCHWARTZBERG, ALBERT	1.2 NAME	
STREET ADDRESS	152 WEST 57TH STREET, 7TH FLOOR	1.3 STREET ADDRESS	<b>50 Main Street, 4th Floor, Suite 435</b>
CITY-ST-ZIP	NEW YORK NY 10019	1.4 CITY-ST-ZIP	<b>White Plains, NY 10606</b>
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ROBERT U	2.2 NAME	
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, NATHAN	3.2 NAME	
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELNER, JAY	4.2 NAME	
STREET ADDRESS	625 AUBURN CIRCLE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	<b>33444</b>
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 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 supplement or 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)