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Apr 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000020078**

1. Corporation Name
NEW CENTURY INVESTOR SERVICES, INC.



Principal Place of Business Mailing Address
4770 TREE FERN DR. DELRAY BEACH FL 33445 **4770 TREE FERN DR. DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1995

4. FEI Number **65-0575689** 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **c/o 4182 Live Oak Blvd.** 26 **c/o 600 Central Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Delray Beach, FL** 27 **Suite 365**
 City & State City & State

23 **Delray Beach, FL** 28 **Highland Park, IL**
 Zip Country Zip Country

24 **33445** 25 **USA** 29 **60035** 30 **USA**

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZBERG, ALBERT	1.2 NAME	
STREET ADDRESS	50 MAIN STREET 4TH FLOOR SUITE 435	1.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10606	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELNER, JAY	4.2 NAME	
STREET ADDRESS	625 AUBURN CIRCLE WEST	4.3 STREET ADDRESS	4182 Live Oak Boulevard
CITY-ST-ZIP	DELRAY BCH FL 33444	4.4 CITY-ST-ZIP	Delray Beach, FL 33445
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, with all other like empowered.

SIGNATURE: **Robert U. Goldman, Vice President, Secretary/Director** March 22, 1999 (847) 432-3666.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)