


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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90043 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005333**

1. Corporation Name  
**NUVELL FINANCIAL SERVICES CORP.**



Principal Place of Business 17500 CHENAL PKWY. LITTLE ROCK AR 72211	Mailing Address 17500 CHENAL PKWY. LITTLE ROCK AR 72211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip [ ] Country	2a. Mailing Address 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip [ ] Country	3. Date Incorporated or Qualified 10/10/1997	4. FEI Number 62-1711878	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

TITLE	PTV	<input type="checkbox"/> DELETE
NAME	VOSS, LINDA I	
STREET ADDRESS	17500 CHENAL PKWY	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HARDESTY, J. ROBERT	
STREET ADDRESS	17500 CHENAL PKWY.	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, DENNIS R	
STREET ADDRESS	17500 CHENAL PKWY.	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAEDER, WALTER	
STREET ADDRESS	3044 WEST GRAND BLVD.	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SAMBRANO, TIMOTHY S	
STREET ADDRESS	17500 CHENAL PKWY.	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	WV	<input type="checkbox"/> DELETE
NAME	STAWB, DANIEL E	
STREET ADDRESS	17500 CHENAL PKWY	
CITY-ST-ZIP	LITTLE ROCK AR 72211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D T V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sylvia Borchert	
3.3 STREET ADDRESS	17500 Chenal Parkway, Suite 200	
3.4 CITY-ST-ZIP	Little Rock AR 72223	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PRITCHARD, Tommy E.	
5.3 STREET ADDRESS	17500 CHENAL PARKWAY, SUITE 200	
5.4 CITY-ST-ZIP	LITTLE ROCK, AR 72223	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STAWB, DANIEL E.	
6.3 STREET ADDRESS		
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: Sylvia Borchert **TREASURER** 1-6-99 501-821-5252  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x-310

CR2E034 (11/98)