

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

000045

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F98000003461

1. Corporation Name
NYLTEMPS INC.

Principal Place of Business

51 MADISON AVENUE
NEW YORK NY 10010

Mailing Address

51 MADISON AVENUE
NEW YORK NY 10010

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

Conia B. Harris

Conia B. Harris, Secretary

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature is required when re-registering)

7-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

[] DELETE

NAME

GROSSO, CLARA B

STREET ADDRESS

51 MADISON AVENUE

CITY-ST-ZIP

NEW YORK NY 10010

TITLE

PD

[] DELETE

NAME

HANSEN, RICHARD A

STREET ADDRESS

51 MADISON AVENUE

CITY-ST-ZIP

NEW YORK NY 10010

TITLE

CD

[] DELETE

NAME

TRAPP, GEORGE J

STREET ADDRESS

51 MADISON AVENUE

CITY-ST-ZIP

NEW YORK NY 10010

TITLE

VT

[] DELETE

NAME

CALHOUN, JAY S

STREET ADDRESS

51 MADISON AVENUE

CITY-ST-ZIP

NEW YORK NY 10010

TITLE

S

[] DELETE

NAME

MARRION, CATHERINE A

STREET ADDRESS

51 MADISON AVENUE

CITY-ST-ZIP

NEW YORK NY 10010

TITLE

AT

[] DELETE

NAME

PILNER, EDWARD T

STREET ADDRESS

51 MADISON AVENUE

CITY-ST-ZIP

NEW YORK NY 10010

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change

[] Addition

800002842498-6

04/16/99-01085-008

****150.00 ****150.00

[] Change

[] Addition

[] Change

[] Addition

[] Change

[] Addition

[] Change

[] Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine A. Marion, Secretary

4/6/99

DATE

(212) 576-7000

Daytime Phone #

CR2E034 (11/98)