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

PROFIT CORPORATION ANNUAL REPORT

1999

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

99 APR 11 PM 12:11

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DOCUMENT # **F98000003461**

1. Corporation Name
NYLTEMPS INC.

Principal Place of Business	Mailing Address
51 MADISON AVENUE NEW YORK NY 10010	51 MADISON AVENUE NEW YORK NY 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1998

4. FEI Number
13-3638736
[ ] 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 Connie Bryan Connie Bryan Special Asst. Secretary 4-14-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	GROSSO, CLARA B		12 NAME	
STREET ADDRESS	51 MADISON AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		14 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	HANSEN, RICHARD A		22 NAME	
STREET ADDRESS	51 MADISON AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		24 CITY-ST-ZIP	
TITLE	CD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	TRAPP, GEORGE J		32 NAME	
STREET ADDRESS	51 MADISON AVENUE		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		34 CITY-ST-ZIP	
TITLE	VT	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	CALHOUN, JAY S		42 NAME	
STREET ADDRESS	51 MADISON AVENUE		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		44 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	MARRION, CATHERINE A		52 NAME	
STREET ADDRESS	51 MADISON AVENUE		53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		54 CITY-ST-ZIP	
TITLE	AT	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	PILNER, EDWARD T		62 NAME	
STREET ADDRESS	51 MADISON AVENUE		63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010		64 CITY-ST-ZIP	

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4-14-99

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, 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 added in an amendment, with an address, with all other like empowered.

SIGNATURE: _____ 4/16/99 (212)576-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Catherine A. Marrion, Secretary

CR2E034 (11/98)