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

DOCUMENT # H74917

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90072 005 ***150.00

N.B.M. (CORPORATION			 	())
Dringinal Plac	on of Pusiness	Mailing Address			
Principal Place of Business 414 N. ATLANTIC AVE. DAYTONA BEACH FL 32118-3925 Mailing Address 414 N. ATLANTIC AVE. DAYTONA BEACH FL 32118-3925 DAYTONA BEACH FL 32118-3925			-3925	DO NOT WRITE IN T	LIIS SDACE
				3. Date Incorporated or Qualifed	115 SPACE
				09/06/1985	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	and the second second	26		59-2651394	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te '	City & State		6. Election Campaign Financing	\$5.00 May Be
23	(A) (A) (C) (B) (C)	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
enn	NU N C		81 Name		
SODHL, M.S. 414 N. ATLANTIC AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	TONA BEACH FL 32118		ļ		
DAI	TONA DEACH PL 32110		83	•	4
			84 City		85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the control of	of Florida. Such change was au	thorized by the corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature required	when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	SODHI, MANMOHAN SINGH		1.2 NAME		
STREET ADDRESS	414 N. ATLANTIC AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V_	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOTDHI, KAVALJIT K		2.2 NAME		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		2. 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAVALJIT, SODHI K.		3.2 NAME		
STREET ADDRESS	414 N. ATLANTIC AVENUE		3.3 STREET ADDRESS	• **	•
CITY-ST-ZIP	DAYTONA BEACH FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	'	(1) OCECIE	4. 2 NAME		
STREET ADDRESS	MANMOHAN-SINGH, SODHI 414 N. ATLANTIC AVENUE	·	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DATIONA DESCRITE	☐ DELETE	5.1.TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/TY+\$T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1	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:

ME OF SIGNING OFFICER OR DIRECTOR

904-252-0252

CR2E034 (11/98)