


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

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90072 005 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H74917					
1. Corporation Name N.B.M. CORPORATION					
Principal Place of Business 414 N. ATLANTIC AVE. DAYTONA BEACH FL 32118-3925			Mailing Address 414 N. ATLANTIC AVE. DAYTONA BEACH FL 32118-3925		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2651394	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SODHI, M.S. 414 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			FL		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SODHI, KAVAJIT K		2.2 NAME		
STREET ADDRESS	414 N AIA		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAVAJIT, SODHI K.		3.2 NAME		
STREET ADDRESS	414 N. ATLANTIC AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANMOHAN-SINGH, SODHI		4.2 NAME		
STREET ADDRESS	414 N. ATLANTIC AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
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		

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99

904-252-0252

CR2E034 (11/98)