

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90149 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K61832

1. Corporation Name
NBC REALTY, INC.

Principal Place of Business

24626 IVORY CANE DRIVE
 BONITA SPRINGS FL 34134
 US

Mailing Address

24626 IVORY CANE DRIVE
 BONITA SPRINGS FL 34134
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1989	
21 24637 Ivory Cane Dr. 10226		26 356 Cypress Way W		4. FEI Number 65-0098885	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Bonita Springs FL		28 Naples FL		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24 34134		29 34110		30 USA	

9. Name and Address of Current Registered Agent

VOGEL, JAMES D
3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name **Amy S. Pate**
 82 Street Address (P.O. Box Number is Not Acceptable)
356 Cypress Way West
 83
 84 City **Naples** FL 85 Zip Code **34110**

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

Amy S. Pate
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

5/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERZIN, RUSSELL F.	1.2 NAME	BERZIN, Russell F.
STREET ADDRESS	24626 IVORY CANE DRIVE	1.3 STREET ADDRESS	28803 Euclid Ave.
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Wickliffe, OH 44092
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVANO, RICHARD	2.2 NAME	GALVANO, Richard
STREET ADDRESS	24648 IVORY CANE DRIVE	2.3 STREET ADDRESS	4326 Bonita Beach
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, JAMES D	3.2 NAME	
STREET ADDRESS	3936 TAMiami TRAIL NORTH, SUITE B	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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:

Russell F. Berzin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
 Date

94-495-0151
 Daytime Phone #

CR2E034 (11/98)