


FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002805 (6)**
1. Corporation Name

NOVEL PROFESSIONAL SERVICES, INC.



Principal Place of Business 500 N CONGRESS AVE UNIT 187 WEST PALM BEACH FL 33401	Mailing Address 500 N CONGRESS AVE UNIT 187 WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0751852

Applied For

Not Applicable

2. Principal Place of Business 21. same Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. same Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BESS, INTISAR S
500 N CONGRESS AVE
UNIT 187
WEST PALM BEACH FL 33401**

81 Name	N/A
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **N/A**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BESS, INTISAR S
STREET ADDRESS	500 N CONGRESS AVE UNIT 187
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	DS
NAME	BAILEY, BERNICE M
STREET ADDRESS	230 PORTER PL
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	DT
NAME	BESS, ALVIN L
STREET ADDRESS	500 N CONGRESS AVE UNIT 187
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DM
1.2 NAME	Roberts, Verna M.
1.3 STREET ADDRESS	5600 Northwest 22nd. Court
1.4 CITY-ST-ZIP	Lauderhill, Florida 33313
2.1 TITLE	DS
2.2 NAME	Toney, Cyrus H.
2.3 STREET ADDRESS	401 Executive Center Drive, Suite C-208
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
3.1 TITLE	DM
3.2 NAME	Hazard, Robert C.
3.3 STREET ADDRESS	107 East Tiffany Drive, Suite 3
3.4 CITY-ST-ZIP	West Palm Beach, Florida 33407
4.1 TITLE	DC
4.2 NAME	Mills, Cardinal
4.3 STREET ADDRESS	Post Office Box 221583
4.4 CITY-ST-ZIP	Hollywood, Florida 33022
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Intisar S. R-Bess* **Intisar S. R-Bess, E.D., 3/17/98** **561-689-6950**

CR2E037 (10/97)