


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90008 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002805 ✓					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <i>356 Boynton Bay Circle</i>		05/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0751852	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 <i>Boynton Beach, Florida</i>		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 <i>33435</i>		30 <i>Boynton Beach</i>	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESS, INTISAR S	1.2 NAME	<i>Same</i>
STREET ADDRESS	500 N CONGRESS AVE UNIT 187	1.3 STREET ADDRESS	<i>356 Boynton Bay Circle</i>
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONEY, CYRUS H	2.2 NAME	
STREET ADDRESS	401 EXECUTIVE CENTER DR, STE C-208	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESS, ALVIN L	3.2 NAME	<i>Same</i>
STREET ADDRESS	500 N CONGRESS AVE UNIT 187	3.3 STREET ADDRESS	<i>356 Boynton Bay Circle</i>
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>
TITLE	DM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZARD, ROBERT C	4.2 NAME	
STREET ADDRESS	107 E TIFFANY DR, STE 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33407	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, CARDINAL	5.2 NAME	
STREET ADDRESS	P O BOX 221583	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33022	5.4 CITY-ST-ZIP	
TITLE	DM <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, VERNA M	6.2 NAME	
STREET ADDRESS	5600 NORTHWEST 22ND COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Bess* *5/10/99* *561-732-5312*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)