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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000015175

1. Corporation Name

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90216 024 \*\*\*150.00

N-B-M RE	EALTY, INC.								
Principal Place	e of Business	Mailing Address	··-			\$ 10011100; IIO 10111 \$1011 0.011	I BBLIL BBIH BBIBI I	1 <b>66) u</b> jibi (18)1 i	1110 anie 1601
4969 BEACH BL		4969 BEACH BLVD.							
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					<u> </u>	Date Incorporated or Qualif	RITE IN THIS	SPACE	_
					ļ	•	eu		
	om alana	2 Mailing Address				02/21/1994 FEI Number		I An	plied For
2. Principal Place of Business		2a. Mailing Address			"	59-3232475		_ <del>                                    </del>	t Applicable
21 Suite Ant III ata		Suite. Apt. #, etc.			<del></del>	<u> </u>		\$8.75	
Suite, Apt. #, etc.		27			5.	Certificate of Status Desired		Fee Re	
City & State		City & State			6.	Election Campaign Financing	ng _	. \$5.00	May Be
23	_	28			,	Trust Fund Contribution	" <sup>a</sup> 🗆 .	Added t	*
Zip	Country	Zip	Cour	ntry	8.	This corporation owes the o	current year Int		
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent				Name and Address of Ne	w Registered	Agent	
			1	81 Name	•				
	PSEY, EDWARD A JR.		}	82 Street	t Address (P.	O. Box Number is Not Acce	eptable)		
1124 S. EDGEWOOD AVENUE									
JACK	(SONVILLE FL 32205			83					
[			. }	84 City	_			85 Zip	Code
}							<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the ab	ove-named	d corporation	n submits this statement for it hard of directors. I hereby ac	the purpose of cept the appoi	changing its ntment as re	registered gistered
Office of the	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statu	ites.	poration o bo	, a, a o, a, o, a, o, a,			<b>"</b>
l and the second									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered /		a required when re		DATE	ID DIDECTO	DE IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: F	Registered /	Agent signature		einstating) ADDITIONS/CHANGES TO			DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: F	Registered /	Agent signature				ID DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registared agent OFFICERS AND D LYBRAND, NESTA S	and title if applicable. (NOTE: F	13. 1.1 TITI 1.2 NA	Agent signature LE ME					DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D LYBRAND, NESTA S 7115 EATON AVENUE	and title if applicable. (NOTE: F	13. 1.1 TITI 1.2 NAI 1.3 STR	Agent signature  LE  ME  REET ADDRESS					
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registared agent OFFICERS AND D LYBRAND, NESTA S 7115 EATON AVENUE JACKSONVILLE FL 32211	and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STR	Agent signature  LE  ME  REET ADDRESS  TY-ST-ZIP					DRS IN 12 Addition
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14. I heraby 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:

OR DIRECTOR