

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033236

1. Corporation Name
NBC FORMALS, INC.

Principal Place of Business

4841 VALLEY FIELD DR.
OLDSMAR FL 34677

Mailing Address

4841 VALLEY FIELD DR.
OLDSMAR FL 34677

2. Principal Place of Business

21 2890 VALENCIA LN. E.

Suite, Apt. #, etc.

22 PALM Harbor, FL

City & State

23 34684

Zip

24 25 PINELLAS

Country

26 2890 VALENCIA LN. E.

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 34684

30 PINELLAS

9. Name and Address of Current Registered Agent

CINDEA, NICK
2890 VALENCIA LANE EAST
PALM HARBOR FL 34677

81 Name NICK Cindea
82 Street Address (P.O. Box Number is Not Acceptable)
2890 VALENCIA LN. E.
83 City & State PALM Harbor, FL 34684
84 City FL 85 Zip Code 34

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CINDEA, NICK	1.2 NAME		
STREET ADDRESS	4841 VALLEY FIELD DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE		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		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		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: *Nick D. Cindea, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (727)789-2231
Date Daytime Phone #

CR2E034 (11/98)