

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90120 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # NU TREND SERVICES, INC.**  
1. Corporation Name  
**3890 49th Ave. S.**  
**St. Petersburg, FL 33711**

**P950000007008**  
Principal Place of Business **NU TREND SERVICES, INC.**  
**3890 49th Ave. S.**  
**St. Petersburg, FL 33711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**1-23-1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>Same</b>	26	593389945	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation owes the current year intangible	
Zip	Zip	Personal Property Tax	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent

**David Silvia Sr**  
**3890 49th Ave So**  
**St. Pete, FL 33711**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President - Treasurer</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David Silvia Sr</b>	1.2 NAME	
STREET ADDRESS	<b>3890 49th Ave So</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Pete FL 33711</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice President - Secretary</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deborah E Silvia</b>	2.2 NAME	
STREET ADDRESS	<b>3890 49th Ave So</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Pete FL 33711</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Asst. Vice President</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Murrae Sr</b>	3.2 NAME	
STREET ADDRESS	<b>102 Pompano Dr SE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Pete FL 33715</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Asst. Vice President</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James Dadma</b>	4.2 NAME	
STREET ADDRESS	<b>6565 5th Ave So # 114</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Pete FL 33707</b>	4.4 CITY-ST-ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David Silvia Jr</b>	5.2 NAME	
STREET ADDRESS	<b>8100 Country Club Rd</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Pete FL 33710</b>	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 307, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-99 727-866-1773**  
Date Daytime Phone #

CR2E034 (11/98)