

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

APPROVED  
AND  
FILED

97 AUG 22 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

DOCUMENT # **P95000061078**  
1. Corporation Name  
**NMBK, Inc.**

Principal Place of Business  
**343 Plaza Real  
Boca Raton, FL 33432**

Mailing Address  
**3200 N. Military Trail  
#201  
Boca Raton, FL 33431**

3. Date Incorporated or Qualified  
**08/08/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0604689**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **343 Plaza Real**

2a. Mailing Address  
26 **3200 N. Military Trail**

Suite, Apt. #, etc.  
22 **#**

27 **201**

City & State  
23 **Boca Raton, FL**

28 **Boca Raton, FL**

Zip  
24 **33432**

Country  
25 **USA**

29 **33431**

Country  
30 **USA**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Backe, Ronald M  
Broad & Cassel  
400 Australian Ave South, Suite 500  
W. Palm Beach, FL 33401**

81 Name  
**Debra Vila**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3200 N. Military Trail #201**

83

84 City  
**Boca Raton**

85 Zip Code  
**FL 33431**

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 **Debra Vila**

**8/15/97**  
DATE

Signature typed or printed name (Not signed agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input checked="" type="checkbox"/>
NAME	<b>Landau, Michael</b>	
STREET ADDRESS	<b>10702 Stonebridge Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33487</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Vila, Debra</b>		
1.3 STREET ADDRESS	<b>3200 N. Military Trail #201</b>		
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

100002277261--9  
-08/26/97--01034--012  
\*\*\*165.00 \*\*\*165.00

**Landau**  
**8/22/97**

14. I do 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.

SIGNATURE: **Debra Vila**

**8/15/97 988.2004**

Signature typed or printed name of signing officer or director

CR2E034 (9/96)