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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

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*

21	2. Principal Place of Business <i>343 Plaza Real</i>	26	2a. Mailing Address <i>3200 N. Military Trail</i>
22	Suite, Apt. #, etc. <i>#</i>	27	Suite, Apt. #, etc. <i>201</i>
23	City & State <i>Boca Raton, FL</i>	28	City & State <i>Boca Raton, FL</i>
24	Zip <i>33432</i>	29	Zip <i>33431</i>
25	Country <i>USA</i>	30	Country <i>USA</i>

3.	Date Incorporated or Qualified <i>08/08/1995</i>	3a.	Date of Last Report <i>05/01/1996</i>
4.	FBI Number <i>65-0604689</i>		Applied For <input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
*Carole, Ronald M
Broad & Cassel
400 Australian Ave South, Suite 500
W. Palm Beach, FL 33401*

10. Name and Address of New Registered Agent

81	Name <i>Debra Vila</i>
82	Street Address (P.O. Box Number is Not Acceptable) <i>3200 N. Military Trail #201</i>
83	
84	City <i>Boca Raton</i>
85	Zip Code <i>FL 33431</i>

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* DATE *8/15/97*

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1		<i>Vila, Debra</i>	<i>3200 N. Military Trail #201</i>	<i>Boca Raton, FL 33431</i>	
1.2	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.5	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.7	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.8	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.9	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.10	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***165.00 ***165.00*

A. Alan
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* DATE: *8/15/97* 988-2004

CR2E034 (9/96)