

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

APPROVED
AND
FILED

97 AUG 22 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000061078**

1. Corporation Name

NMBK, Inc.

Principal Place of Business

Mailing Address

**343 Plaza Real
Boca Raton, FL 33432**

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

2. Principal Place of Business

343 Plaza Real

2a. Mailing Address

3200 N. Military Trail

Suite, Apt. #, etc.

22

City & State

Boca Raton, FL

Zip

33432

Country

USA

Suite, Apt. #, etc.

201

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0604689

Applied For

☐ Not Applicable

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

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. City

Boca Raton

FL

85. Zip Code
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

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when resigning)

8/15/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vila, Debra
1.3 STREET ADDRESS	3200 N. Military Trail #201
1.4 CITY-ST-ZIP	Boca Raton, FL 33431
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100002277261--9
3.4 CITY-ST-ZIP	-08/28/97--01034--012
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****165.00 ****165.00
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	A. Alan
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

Signature typed or printed name of signing officer or director

8/15/97

988-2004

CR2E034 (9/96)