


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

FILED

Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000080312 (8)**

1. Corporation Name

NURMI CORPORATION

Principal Place of Business

**163 NURMI DRIVE
FT. LAUDERDALE FL 33301**

Mailing Address

**163 NURMI DRIVE
FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1995	
21		26		4. FEI Number 65-0617384	Applied For <input type="checkbox"/> 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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOBERMAN, JENNIFER M 3530 MYSTIC POINTE DR SUITE 2211 MIAMI FL 33180				81 Name ROYALE MANAGEMENT SERVICES INC	
				82 Street Address (P.O. Box Number is Not Acceptable) 2319 IV ANNAWS AVE	
				83	
				84 City FT LAUD	
				85 Zip Code 33311	

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 *Theresa Guleid* **Sec/Treas Royale Management Services Inc. 3/17/98**

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNIGER, IAN R	1.2 NAME	
STREET ADDRESS	3 LA GRANGE MARTIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. MARTIN, JERSEY CI	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEJAS, SERGIO	2.2 NAME	
STREET ADDRESS	4635 SE 17TH ST, SUITE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBACHER, RICHARD	3.2 NAME	
STREET ADDRESS	1535 SE 17TH STREET, SUITE 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, SARAH JANE	4.2 NAME	
STREET ADDRESS	1535 SE 17TH STREET, SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **RESIDENT**

2/26/98

CR2E034 (10/97)