

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

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000069394 (0)**  
1. Corporation Name  
**NBSM ENTERPRISES, INC.**



Principal Place of Business <b>9309 APPLECREST DRIVE PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>9309 APPLECREST DRIVE PALM BEACH GARDENS FL 33410-5814</b>
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3. Date Incorporated or Qualified <b>08/19/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business 21 <b>708 TEAL WAY WEST</b>	2a. Mailing Address 26 <b>708 TEAL WAY WEST</b>	4. FEI Number <b>65-0742548</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State <b>NORTH PALM BEACH FL</b>	28 City & State <b>NORTH PALM BEACH FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip <b>33408</b>	25 Country <b>USA</b>	29 Zip <b>33408</b>	30 Country <b>USA</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BOLDA, NANCY  
9309 APPLECREST DRIVE  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

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

**FL**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLDA, NANCY</b>	
STREET ADDRESS	<b>9309 APPLECREST DRIVE</b>	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORGAN, SANDRA</b>	
STREET ADDRESS	<b>9309 APPLECREST DRIVE</b>	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>708 TEAL WAY WEST</b>
1.4 CITY - ST - ZIP	<b>NORTH PALM BEACH FL 33408</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>708 TEAL WAY WEST</b>
2.4 CITY - ST - ZIP	<b>NORTH PALM BEACH FL 33408</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	
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: *Nancy S. Bolda* **4-20-97** **561-624-4205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)