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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000085879**

1. Corporation Name
NBM AGENCY, INC.



Principal Place of Business Mailing Address
28050 US HWY 19 N, STE 304 CLEARWATER FL 33761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4301 LAVENDER DRIVE	26 4301 LAVENDER DRIVE	59-3534974	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 Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 PALM HARBOR, FLORIDA	28 PALM HARBOR, FLORIDA		
Zip Country	Zip Country		
24 34685 PINELLAS	29 34685 PINELLAS		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERENCHIK, CYNTHIA E
28050 US HWY 19 N, STE 304
CLEARWATER FL 33761

81 Name	CYNTHIA E. FERENCHIK	
82 Street Address (P.O. Box Number is Not Acceptable)	4301 LAVENDER DRIVE	
83		
84 City	PALM HARBOR	85 Zip Code
	FL	34685

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 *Cynthia Ferenchik* **CYNTHIA E. FERENCHIK PRESIDENT** **4/27/99**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERENCHIK, CYNTHIA E	1.2 NAME	CYNTHIA E. FERENCHIK
STREET ADDRESS	28050 US HWY 19 N, STE 304	1.3 STREET ADDRESS	4301 LAVENDER DRIVE
CITY-ST-ZIP	CLEARWATER FL 33761	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, CHARLES R	2.2 NAME	
STREET ADDRESS	28050 US HWY 19 N, STE 304	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Cynthia Ferenchik* **CYNTHIA E. FERENCHIK** **727-934-7046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)