

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90042 019 \*\*\*150.00

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** **28050 US HWY 19 N, STE 304**  
**CLEARWATER FL 33761** **CLEARWATER FL 33761**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/01/1998**

4. FEI Number **59-3534974** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **4301 LAVENDER DRIVE** 26 **4301 LAVENDER DRIVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
**PALM HARBOR, FLORIDA** **PALM HARBOR, FLORIDA**

24 **34685** 25 **PINELLAS** 29 **34685** 30 **PINELLAS**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**FERENCHIK, CYNTHIA E**  
**28050 US HWY 19 N, STE 304**  
**CLEARWATER FL 33761**

10. Name and Address of New Registered Agent

81 Name **CYNTHIA E. FERENCHIK**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4301 LAVENDER DRIVE**

83

84 City **PALM HARBOR** FL 85 Zip Code **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	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERENCHIK, CYNTHIA E</b>
STREET ADDRESS	<b>28050 US HWY 19 N, STE 304</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAHN, CHARLES R</b>
STREET ADDRESS	<b>28050 US HWY 19 N, STE 304</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33761</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	<b>CYNTHIA E. FERENCHIK</b>
1.3 STREET ADDRESS	<b>4301 LAVENDER DRIVE</b>
1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>
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	
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 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)