FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000956 (4)

1. Corporation Name
NATIONAL BUSINESS GROUP, INC.

Principal Place of Business	Mailing Address
2840 MT. WILKINSON PKWY., #200 ATLANTA GA 30339	2840 MT. WILKINSON PKWY., #200 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 58-1744723 ☐ 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

BRABENEC, ROBERT
3001 N. ROCKY POINT DR. E., #201
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name ROBERT BRABENEC
82 Street Address
83
84 City

National Business Group
777 S. Harbour Island Blvd.
Suite # 210
Tampa, FL 33602-5744

Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co... its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's ...red agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 1-13-95
(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	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	BASICH, RICHARD A	1.2 NAME		
STREET ADDRESS	3396 COLHISE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	MALONE, JEFF	2.2 NAME		
STREET ADDRESS	1158 WARD CREEK DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30064	2.4 CITY-ST-ZIP		
TITLE	SVCD	3.1 TITLE		☐ Change ☐ Addition
NAME	BASICH, TIMOTHY	3.2 NAME		
STREET ADDRESS	1613 DEFOORS WALK	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30318	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MURRY, MICHAEL	4.2 NAME		
STREET ADDRESS	11875 WATERVILLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE HOUSE OH 43571	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jeff Malone 4-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000182 FP