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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 30339-3632

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business	2a. Mailing Address
21 3290 CUMBERLAND CLUB DRIVE	26 3290 CUMBERLAND CLUB DRIVE
Suite, Apt. #, etc. 22 STE 100	Suite, Apt. #, etc. 27 STE 100
City & State 23 ATLANTA, GA	City & State 28 ATLANTA, GA
Zip / Country 24 30339 / 25 USA	Zip / Country 29 30339 / 30 USA

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	10. Name and Address of New Registered Agent
BRABENEC, ROBERT 777 S. HARBOUR ISLAND BLVD SUITE #210 TAMPA FL 33602	81 Name: ROBERT JASON BARBER 82 Street Address (P.O. Box Number is Not Acceptable): 777 S. HARBOUR ISLAND BLVD 83 Suite 210 84 City: TAMPA FL 85 Zip Code: 33602

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: [signature] 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [redacted] Timothy Barnick 4/29/97 (770)319-8300