

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 FEB 20 PM 3:37**

**DOCUMENT # K33252 (3)**

1. Corporation Name

**NATIONAL BUILDING COMPANIES, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**16750 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL 33484**

Mailing Address  
**16750 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL 33484**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/16/1988** 3a. Date of Last Report **04/14/1994**

4. FEI Number **65-0071484** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 **5702 Vintage Oaks Circle** 21 **5702 Vintage Oaks Circle**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 22 City & State  
23 Zip 23 Zip  
24 Country 24 Country

9. Name and Address of Current Registered Agent

**SLOSSBERG, GARY  
16750 KNIGHTSBRIDGE LANE  
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5702 Vintage Oaks Circle**  
83  
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b>                        | 12 NAME                                               |                                                                   |
| NAME                       | <b>SLOSSBERG, SAUL</b>          | 13 STREET ADDRESS                                     | <b>5702 Vintage Oaks Circle</b>                                   |
| STREET ADDRESS             | <b>16750 KNIGHTSBRIDGE LANE</b> | 14 CITY - ST - ZIP                                    |                                                                   |
| CITY - ST - ZIP            | <b>DELRAY BCH FL</b>            | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 22 NAME                                               |                                                                   |
| NAME                       |                                 | 23 STREET ADDRESS                                     |                                                                   |
| STREET ADDRESS             |                                 | 24 CITY - ST - ZIP                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 32 NAME                                               |                                                                   |
| NAME                       |                                 | 33 STREET ADDRESS                                     |                                                                   |
| STREET ADDRESS             |                                 | 34 CITY - ST - ZIP                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 42 NAME                                               |                                                                   |
| NAME                       |                                 | 43 STREET ADDRESS                                     |                                                                   |
| STREET ADDRESS             |                                 | 44 CITY - ST - ZIP                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 52 NAME                                               |                                                                   |
| NAME                       |                                 | 53 STREET ADDRESS                                     |                                                                   |
| STREET ADDRESS             |                                 | 54 CITY - ST - ZIP                                    |                                                                   |
| CITY - ST - ZIP            |                                 | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                 | 62 NAME                                               |                                                                   |
| NAME                       |                                 | 63 STREET ADDRESS                                     |                                                                   |
| STREET ADDRESS             |                                 | 64 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)(b), 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:**

**Saul A. Slossberg**

**2/16/95 (407) 997-2450**