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 MAY -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001481011
-05/09/95 -01102 -006
****200.00 ****200.00

DOCUMENT # L07162 (5)

1. Corporation Name

National Business Services, Inc.

Principal Place of Business	Mailing Address
800 W Oakland Park Blvd Ft. Lauderdale, FL 33311 Suite 104	800 W. Oakland Park Suite 104 Ft. Lauderdale FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1989
3a. Date of Last Report: 5-1-1994

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0140300 ☐ 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

Tepps, Jerome L.
414 NE 4 St
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE

Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Gearheart, Donald K.	12 NAME	
STREET ADDRESS	800 W Oakland Park Blvd #104	13 STREET ADDRESS	
CITY ST ZIP	~~Ft. Lauderdale FL 33311~~	14 CITY ST ZIP	
TITLE	D/S	21 TITLE	☐ Change ☐ Addition
NAME	Schuman, Joyce Ann	22 NAME	
STREET ADDRESS	800 W Oakland Park Blvd #104	23 STREET ADDRESS	
CITY ST ZIP	Ft. Lauderdale, FL 33311	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AL 5/16

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 addition.

SIGNATURE: Joyce A. Schuman 4/27/95 Dec
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR CORPORATE OFFICER OR DIRECTOR — Date — Officer Title