

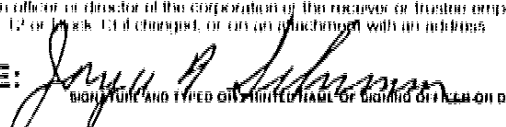
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CORPORATION ANNUAL REPORT - 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07162 (5) 1. Corporation Name National Business Services, Inc.			
Principal Place of Business 800 W Oakland Park Blvd Ft. Lauderdale, FL 33311 Suite 104		Mailing Address 800 W. Oakland Park Suite 104 Ft. Lauderdale FL 33311	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 30	
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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 of Agent (Printed Name of Registered Agent and the Date) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP D Gearheart, Donald K. 800 W Oakland Park Blvd #104 Ft. Lauderdale FL 33311		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP D/S Schuman, Joyce Ann 800 W Oakland Park Blvd #104 Ft. Lauderdale, FL 33311		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP Change Addition	
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 110.07(3)(b), Florida Statutes. I further certify that the information contained 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:  BORN [] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/27/95 Sec			