

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # M35411 (1)

1. Corporation Name

NATIONAL BUSINESS SOLUTIONS, INC.

Principal Place of Business

10105 9TH STREET NORTH  
ST. PETERSBURG FL 33716

Mailing Address

10105 9TH STREET NORTH  
ST. PETERSBURG FL 33716

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
07/18/1986

3a. Date of Last Report  
08/09/1995

4. FEI Number  
59-2693969

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

LASHER, STUART G.  
10105 9TH STREET N.  
ST. PETERSBURG FL 33716-3807

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

Signature (typed or printed name of officer or director 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 (typed or printed name of officer or director 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

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME LASHER, STUART G  
STREET ADDRESS 10105 9TH STREET NORTH  
CITY-STATE-ZIP ST. PETERSBURG FL 33716-3807

☐ DELETE

TITLE P  
NAME ESRICK, STEVEN M  
STREET ADDRESS 10105 9TH STREET NORTH  
CITY-STATE-ZIP ST. PETERSBURG FL 33716-3807

☐ DELETE

TITLE VP  
NAME SINGER, GLENN  
STREET ADDRESS 13240 CORONADO LANE  
CITY-STATE-ZIP N. MIAMI FL 33181

☐ DELETE

TITLE VP  
NAME BAERWALDE, ROB  
STREET ADDRESS 10105 9TH STREET NORTH  
CITY-STATE-ZIP ST. PETERSBURG FL 33716-3807

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

700001828327

05/20/96--01022--035

\*\*\*200.00

☐ Change ☐ Addition

☒ Change ☐ Addition

1000 Island Blvd #2008W  
N. Miami, FL 33160

☐ Change ☐ Addition

CFO  
Craig Hill  
10105 9th Street North  
St. Petersburg, FL 33716

☐ Change ☒ Addition

Controller  
Garry Hasara  
10105 9th Street North  
St. Petersburg, FL 33716

☐ 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garry Hasara, Controller

Date

4/29/96 (813) 579-0505