


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996 4-4-96</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS <b>C</b>
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DOCUMENT # **P18349** (1)

1. Corporation Name

**NATIONAL ASSISTANCE BUREAU INC**

Principal Place of Business

**6000 LAKE FORREST DR.  
SUITE 200  
ATLANTA GA 30328**

Mailing Address

**6000 LAKE FORREST DR.  
SUITE 200  
ATLANTA GA 30328**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1988</b>	3a. Date of Last Report <b>03/09/1995</b>
21		26		4. FEI Number <b>35-1534209</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent

**BROGDON, CONNIE  
1800 HARRISON ST.  
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81	Name	<b>C T CORPORATION SYSTEM</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1200 SOUTH PINE ISLAND ROAD</b>	
83			
84	City	<b>PLANTATION</b>	85 Zip Code <b>FL 33324</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANE, EDWARD E.</b>	1.2 NAME	
STREET ADDRESS	<b>6000 LAKE FORREST DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>STD</b>	2.1 TITLE	
NAME	<b>BROGDON, CHRIS</b>	2.2 NAME	
STREET ADDRESS	<b>655 COLEBROOK CT.</b>	2.3 STREET ADDRESS	<b>6000 LAKE FORREST DRIVE #200</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOTH, KATHY</b>	3.2 NAME	<b>KATHY PIFER</b>
STREET ADDRESS	<b>6000 LAKE FORREST DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 617, 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

Date

Daytime Phone #

**3/27/96**

**404-255-7500**

CR2E037 (12/95)