

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 17 PM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012980 (8)

1. Corporation Name

THE NETWORK RESOURCE GROUP, INC.

dba New Horizons-Tampa Bay

000001459310  
-04/18/95--01095--005  
\*\*\*\*\*200.00 \*\*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business

311 PARK PLACE BLVD.  
#220  
CLEARWATER FL 34619  
US

Mailing Address

311 PARK PLACE BLVD.  
#220  
CLEARWATER FL 34619  
US

3. Date Incorporated or Qualified  
12/16/1992

3a. Date of Last Report  
04/21/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number  
59-3155230

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

TEW-ZINOBER BARNES ZIMMET & UNICE  
2655 MCCORMICK DR  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name Ehrlich and Samis  
82 Street Address 4699 Central Avenue  
83  
84 City St. Petersburg FL 85 33713

11. Pursuant to the provisions of Sections 607.0102 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

(Type, print, agent or printed name of registered agent and date of registration)

(Type, print, Registered Agent signature registered where registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE P  
2. NAME KARAN, JOSEPH D  
3. STREET ADDRESS 11 IDLEWILD ST #201  
4. CITY, ST, ZIP CLEARWATER FL  
5. TITLE VP  
6. NAME KRIEGER, LORRIE J  
7. STREET ADDRESS 11 IDLEWILD ST #201  
8. CITY, ST, ZIP CLEARWATER FL  
9. TITLE  
10. NAME  
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97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition  
2. 2. NAME ☐ Change ☐ Addition  
3. 3. STREET ADDRESS ☐ Change ☐ Addition  
4. 4. CITY, ST, ZIP ☐ Change ☐ Addition  
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100. 100. 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)(k), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

(Type, print, name of signing officer or director)

DATE

(Type, print, name of