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 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065465 (5)

1. Corporation Name
NBX INTERNATIONAL, INC.

Principal Place of Business
13000 WINDCREST
PORT CHARLOTTE FL 33953
US

Mailing Address
13000 WINDCREST DR.
PORT CHARLOTTE FL 33953
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0436434 — 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. 199.023, Florida Statutes ☒ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

HALL, THOMAS P
3443D TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	NAJMI, BOMAN K	NAME	NAJMI, BOMAN K
STREET ADDRESS	292 MCCABE ST	STREET ADDRESS	13000 WINDCREST DR
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	CITY-ST-ZIP	PORT CHARLOTTE FL 33953
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BURGESS, DONALD A	NAME	
STREET ADDRESS	2949 MAYFAIR CT	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621-3354	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WEAVER, VAL	NAME	
STREET ADDRESS	8135 POTOBAC LANDING	STREET ADDRESS	
CITY-ST-ZIP	PORT TOBACCO MD 20677	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on the 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: Boman K. Najmi, Pres. — 4-28-95 — 813-743-3915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

033201 CP