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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/17/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2431 CROFTON LN.

2a. Mailing Address

26 P O Box 3431

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. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

22 #9

Suite, Apt. #, etc.

27

City & State

23 CROFTON MD

City & State

28 CROFTON MD

Zip

24 21114

Country

25 USA

Zip

29 21114

Country

30 USA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME NAJMI, BOMAN K
STREET ADDRESS 13000 WINDCREST DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE

NAME BURGESS, DONALD A
STREET ADDRESS 2949 MAYFAIR CT
CITY-ST-ZIP CLEARWATER FL 34621-3354

TITLE D ☒ DELETE

NAME WEAVER, VAL
STREET ADDRESS 8135 POTOBAC LANDING
CITY-ST-ZIP PORT TOBACCO MD 20677

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-PRES-C ☒ Change ☐ Addition

1.2 NAME NAJMI, BOMAN K
1.3 STREET ADDRESS P O Box 3431
1.4 CITY-ST-ZIP CROFTON MD 21114

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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.

2/14/96

410-721-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)