

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000084429 (8)**

1. Corporation Name

NB INTERNATIONAL, INC.



Principal Place of Business

**1024 LAKE AVOCA COURT
TARPON SPRINGS FL 34689**

Mailing Address

**1024 LAKE AVOCA COURT
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21 Suite Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**JENSEN, L. NELS
1024 LAKE AVOCA COURT
TARPON SPRINGS FL 34689**

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 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 block 12, 13, 14

Signature, typed or printed name of registered agent and block 12, 13, 14

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	JENSEN, L. NELS	
STREET ADDRESS	1024 LAKE AVOCA COURT	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	
TITLE	VSD	☐ DELETE
NAME	JENSEN, BETTY J	
STREET ADDRESS	1024 LAKE AVOCA COURT	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. N. JENSEN
PRESIDENT
J. N. JENSEN

4/29/96

8/2/95 7:01 AM

CR2E034 (12/95)