

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000005278 (4)**

1. Corporation Name

**SA REYNOLDS & ASSOCIATES, INC.**  
**NBS OF SOUTH FLORIDA, INC.**

*NC 7/20/96*



Principal Place of Business

14067 LAKE POINT DRIVE  
CLEARWATER FL 34622  
US

Mailing Address

14067 LAKE POINT DRIVE  
CLEARWATER FL 34622  
US

3. Date Incorporated or Qualified  
**01/01/1994**

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

4. FEI Number

**59-3220988**

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

2. Principal Place of Business

2a. Mailing Address

21 10105 9th Street North  
Suite, Apt. #, etc.

26 10105 9th Street North  
Suite, Apt. #, etc.

22 City & State

23 **St. Petersburg, FL**

27 City & State

28 **St. Petersburg, FL**

24 Zip

25 **33716-3807**

Country

25 **Pinellas**

29 Zip

29 **33716-3807**

Country

30 **Pinellas**

9. Name and Address of Current Registered Agent

**REYNOLDS, SCOTT A**  
**14067 LAKE POINT DRIVE**  
**CLEARWATER FL 34622**

81 Name  
**Stuart G. Lasher**

82 Street Address (P.O. Box Number is Not Acceptable)  
**10105 9th Street North**

83

84 City  
**St. Petersburg**

**FL**

85 Zip Code  
**33716**

10. Name and Address of New Registered Agent

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, officer or director

Date Registered Agent's Signature Required to be Filed

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	<b>D REYNOLDS, SCOTT A</b>	<b>3358 W. WYOMING CIRCLE</b>	<b>TAMPA FL 33611</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>C/T</b>	<b>Stuart G. Lasher</b>	<b>10105 9th Street North</b>	<b>St. Petersburg, FL 33716</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>P/S</b>	<b>Steven M. Esrick</b>	<b>10105 9th Street North</b>	<b>St. Petersburg, FL 33716</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>V</b>	<b>Glenn H. Singer</b>	<b>10105 9th Street North</b>	<b>St. Petersburg, FL 33716</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>V</b>	<b>Robert P. Baerwalde, Jr.</b>	<b>10105 9th Street North</b>	<b>St. Petersburg, FL 33716</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**\*\*\*208.75**

*7/5*

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stuart G. Lasher** CEO

*4/19/96*  
Date  
**813-599-0505**  
Daytime Phone #

CR2E034 (12/95)