SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:45

DOCUMENT # **P94000086331 (3)**

1. Corporation Name

NBRH, INC.

Principal Place of Business	Mailing Address
% MICHAEL PARKS, ESQ. 777 SOUTH FLAGLER DRIVE.SUITE 310 EAST WEST PALM BEACH FL 33401	% MICHAEL PARKS, ESQ. 777 SOUTH FLAGLER DRIVE.SUITE 310 EAST WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report: N/A - New Company

2. Principal Place of Business	2a. Mailing Address
21 505 South Flagler Drive	26 505 South Flagler Drive
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach
Zip / Country 24 33401 / 25	Zip / Country 29 33401 / 30

4. FEI Number: 65 0547252 — 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☐ Addition
NAME	NOWIK, MARGERY	12 NAME	MARGERY NOWIK
STREET ADDRESS	515 N. FLAGLER DR., 4TH FLOOR	13 STREET ADDRESS	505 S. FLAGLER DRIVE - Suite 102
CITY ST ZIP	WEST PALM BEACH FL 33401	14 CITY ST ZIP	West Palm Beach, FLORIDA 33401
TITLE	D	21 TITLE	V ☐ Change ☐ Addition
NAME	BREEDLOVE, THOMAS E	22 NAME	Thomas Breedlove
STREET ADDRESS	515 N. FLAGLER DR., 4TH FLOOR	23 STREET ADDRESS	505 S. Flagler Drive - Suite 102
CITY ST ZIP	WEST PALM BEACH FL 33401	24 CITY ST ZIP	West Palm Beach, FLORIDA 33401
TITLE	D	31 TITLE	T ☐ Change ☐ Addition
NAME	RUTUNDO, ROBERT	32 NAME	Robert Rutundo
STREET ADDRESS	515 N. FLAGLER DR., 4TH FLOOR	33 STREET ADDRESS	505 S. Flagler Drive - Suite 102
CITY ST ZIP	WEST PALM BEACH FL 33401	34 CITY ST ZIP	West Palm Beach, FLORIDA 33401
TITLE	D	41 TITLE	S ☐ Change ☐ Addition
NAME	HARPER, DANIEL	42 NAME	Daniel Harper
STREET ADDRESS	515 N. FLAGLER DR., 4TH FLOOR	43 STREET ADDRESS	505 S Flagler Drive - Suite 102
CITY ST ZIP	WEST PALM BEACH FL 33401	44 CITY ST ZIP	West Palm Beach, FLORIDA 33401
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR3E034 (3/95)

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 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: Margery Nowik - Margery Nowik - President 6/26/95 (407)681-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146521 FP