

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # P95000034186 (3)

1. Corporation Name

NATIONAL BUSINESS PROMOTIONS, INC.

Principal Place of Business

Mailing Address

RT 3 BOX 563 E
 HORSESHOE ROAD
 TALLAHASSEE FL 32308

RT 3 BOX 563 E
 HORSESHOE ROAD
 TALLAHASSEE FL 32308

2. Principal Place of Business

2a. Mailing Address

21 1408 B CAPITAL CIR N.E.

26 SAME

Suite, Apt. #, etc

27 Suite, Apt. #, etc

22 City & State

23 TALL. FL.

28 City & State

Zip

24 32308

Country

25 LEON

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ABBOTT, HERBERT A
 RT 3 BOX 563 E
 HORSESHOE ROAD
 TALLAHASSEE FL 32308

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 **HERB ABBOTT PRESIDENT**

Signature, Typed or Printed Name of Registered Agent and Title if applicable

(IN) Fr. Registered Agent signature required when re-constituting.

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12. NAME	
STREET ADDRESS	13. STREET ADDRESS	
CITY-ST-ZIP	14. CITY-ST-ZIP	

2. TITLE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22. NAME	
STREET ADDRESS	23. STREET ADDRESS	
CITY-ST-ZIP	24. CITY-ST-ZIP	

3. TITLE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32. NAME	
STREET ADDRESS	33. STREET ADDRESS	
CITY-ST-ZIP	34. CITY-ST-ZIP	

4. TITLE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42. NAME	
STREET ADDRESS	43. STREET ADDRESS	
CITY-ST-ZIP	44. CITY-ST-ZIP	

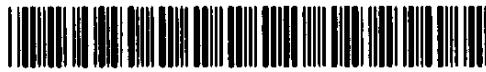
5. TITLE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52. NAME	
STREET ADDRESS	53. STREET ADDRESS	
CITY-ST-ZIP	54. CITY-ST-ZIP	

6. TITLE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62. NAME	
STREET ADDRESS	63. STREET ADDRESS	
CITY-ST-ZIP	64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herb Abbott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



8-16-96 904-877-1881
 Date Phone #
 (3) 8/20/96

CR2034 (3/96)