## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000068908 (9)

NFB, INC.

Principal Place of Business Mailing Address

2004 DURHAM 8T P.O. BOX 5238
TAMPA FL 33805 TAMPA FL 33875

## FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

|  |  |                                   |             |   | <b>09/07/1995</b>  |                      |  |
|--|--|-----------------------------------|-------------|---|--|----------------------|--|
| 2. Principal P   | lace of Business                                   | 2a. Mailing Address               | <del></del> |   | 4. FEI Number  | Applied For          |  |
| 21   |  | 26                                |             |   | 59-3347655   | Not Applicable       |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.               |             |   | 5. Certificate of Status Desired S8.75 Additional Fee Required   |                      |  |
| City & State City & State  |  |                                   |             |   | 6. Election Campaign Financing                                   | \$5.00 May Be        |  |
| 23   | 28   |                                   |             | Trust Fund Contribution Added to Fees                 |  |                      |  |
| Zip  | Country  | Zip                               | Country     |   | 8. This corporation owes or has paid the current year Intangible |                      |  |
| 24   | 25   | 29                                | 30          |   | Personal Property Tax due June 30. Yes No                        |                      |  |
|  | g. Name and Address of Currer                      | nt Registered Agent               |             | 10. Name and Address of New Registered Agent          |  |                      |  |
| Capitano, Joseph Jr<br>2004 Durham St<br>Tampa Fl 33875  |  |                                   |             | 81 Name   |  |                      |  |
|  |  |                                   |             | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                      |  |
|  |  |                                   |             |   |  |                      |  |
|  |  |                                   |             | 33  |  |                      |  |
|  |  |                                   | ŀ           | 4 City  | ly 85 Zip Code   |                      |  |
|  |  |                                   |             | 1   | FL:  | 1 1                  |  |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the provisions of the State of Florida. Such charged by the corporation's board of directors. Levely accent the appointment as registered   |  |                                   |             |   |  |                      |  |
| 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                   |             |   |  |                      |  |
| SIGNATURE  |  |                                   |             |   |  |                      |  |
|  | Signature, typed or printed name of registered agr |                                   |             | Agent signature                                       | required when reinstaling) DATE                                  |                      |  |
| 12.  | OFFICERS AN  |                                   | 13.         |   | ADDITIONS/CHANGES TO OFFICERS AND DI                             |                      |  |
| TITLE  |  | DELETE 1.11                       |             |   |  | Change               |  |
| NAME   |  |                                   | 1.2 NAW     |   |  |                      |  |
| STREET ADDRESS   | 1 1  |                                   | 1           | ET ADDRESS  |  | ļţ                   |  |
| CITY-ST-ZIP  |  |                                   |             | -ST-ZIP   |  |                      |  |
| TITLE  |  |                                   | 2.1 TITL    | ,   |  | Change               |  |
| NAME   | CAPITANO, JOSEPH JR                                |                                   |             | 2.2 NAME  |  |                      |  |
| STREET ADDRESS   | 2004 DURHAM  |                                   |             | ET ADDRESS  |  |                      |  |
| CITY-ST-ZIP  | *** ***  |                                   | _           | -ST-ZIP   |  | Observe Addition     |  |
| TITLE  | •  |                                   | 3.1 TITL    | ľ   | اسا  | Change               |  |
| NAME   |  |                                   | 3.2 NAM     | ,   |  |                      |  |
| STREET ADDRESS   |  |                                   |             | ET ADDRESS  |  |                      |  |
| CITY - ST - ZIP  |  |                                   |             | (+ST-ZIP  |  | Change Addition      |  |
| TITLE  | 1  |                                   | 4.1 TITL    | ì   | Ц  | опанув               |  |
| NAME   |  |                                   | 4. 2 NAM    |   |  |                      |  |
| STREET ADDRESS   |  |                                   |             | ET ADDRESS  |  | Į                    |  |
| CITY-ST-ZIP  |  |                                   |             | -ST-ZIP   |  | Change Addition      |  |
| TITLE  |  |                                   | 5.1 TiTL    |   | L  | criange Li Madiation |  |
| NAME   |  |                                   | 5.2 NAM     | · .   |  | ļ.                   |  |
| STREET ADDRESS   |  |                                   |             | ET ADDRESS  |  |                      |  |
| CITY-ST-ZIP  |  | DELETE                            | 5 4 CITY    |   |  | Change Addition      |  |
| TITLE  |  | L DELETE                          | 6.1 TITL    | 1   | L  | Charige              |  |
| NAME   |  |                                   | 6.2 NAM     | -   |  | Í                    |  |
| STREET ADDRESS   |  |                                   |             | ET ADDRESS  |  | 1                    |  |
| CITY-ST-ZIP  | partit. That the information as malie do           | ith this films does not a will to |             | -ST-ZIP   | d in Section 119 07/3V() Florida Statutes Liberther certify      | that the information |  |
|  |  |                                   |             |   |  |                      |  |

• I rereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

70 Dewel G/-

TREASORER

4/23/91

813-247-4781