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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087806 (2)

1. Corporation Name

NATIONAL BUSINESS TELECOM, INC.



Principal Place of Business

Mailing Address

4500 PGA BLVD. SUITE 104
PALM BEACH GARDENS FL 33418

4500 PGA BLVD. SUITE 104
PALM BEACH GARDENS FL 33418-3965

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

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0624567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FORD, JOHN J
1017 WOODFIELD CIRCLE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

FORD, JOHN J.

82 Street Address (P.O. Box Number is Not Acceptable)

4500 PGA BLVD SUITE 104

83

84

City PALM BEACH GARDENS FL

85

Zip Code

33418

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FORD, JOHN J.	
STREET ADDRESS	1017 WOODFIELD CIR.	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FORD, SUSAN L.	
STREET ADDRESS	1017 WOODFIELD CIR.	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORD, SUSAN L.	
STREET ADDRESS	1017 WOODFIELD CIR.	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4500 PGA BLVD SUITE 104
1.4 CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4500 PGA BLVD. SUITE 104
2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4500 PGA BLVD SUITE 104
3.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-97 5616941169

CR2E034 (9/96)