

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 # P95000089206 (3)

1. Corporation Name
NTAMB, INC.



Principal Place of Business

1806 N. E. DARREN STREET
ARCADIA FL 33821

Mailing Address

1806 N. E. DARREN STREET
ARCADIA FL 33821

3. Date Incorporated or Qualified
11/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0638508

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

10. Name and Address of New Registered Agent

BROWN, FLETCHER
124 NORTH BREVARD AVENUE
ARCADIA FL 33821

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 607.1506, 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 person signing and title (Agent, Officer, Director)

Signature, typed or printed name of person signing and title (Agent, Officer, Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D BROWN, MARK B
1806 N. E. DARREN STREET
ARCADIA FL 33821

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D DAVIS, MARK P.
1806 N.E. DARREN ST.
ARCADIA, FL 33821

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE
NAME
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CITY-STATE-ZIP

3. TITLE
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7. TITLE
NAME
STREET ADDRESS
CITY-STATE-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 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

1-30-96

SG 3-21-96 941-VFX-5506

CR2E034 (12/95)