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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600020102 (5)

NATIONAL INFORMATION BUREAU, INC.

Principal Place of Business Mailing Address 3415 LOWSON BLVD. 3415 LOWSON BLVD. **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445-5640 3. Date incorporated or Qualified 3a. Date of Last Report 03/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country 710 Country This corporation has liability for intengible tax under s. 199.032, ☐ No Yes 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BARRY, WILLIAM J 3415 LOWSON BLVD. Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 City 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE BARRY, WILLIAM J 1.2 NAME NAME 3415 LOWSON BLVD. 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEANCH FL 33445 CHY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 21 TITLE TITLE 2.2 NAME STREET ADDRESS. 2.3 STREET ADDRESS CITY - ST - ZIF 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADORESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THELE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

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.

6.4 CITY-ST-ZIP

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADORESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

-97 501-637-9255 Date Daytime Phone #

Change

Addition

FILED

Apr 21 1997 8:00am

Secretary of State