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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 22 AM 10:10

DOCUMENT # **P98000021813**

1. Corporation Name

NEW BUSINESS SOLUTIONS, INC.

Principal Place of Business

2500 Edgewater Drive
Orlando, FL 32804

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/98

4. FEI Number
59-3561251
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 **P.O. Box 547309**
Suite, Apt. #, etc.
22
City & State
23 **Orlando, FL**
Zip 24 **32854-7309** Country 25 **U.S.A.**

2a. Mailing Address
26 **P.O. Box 547309**
Suite, Apt. #, etc.
27
City & State
28 **Orlando, FL**
Zip 29 **32854-7309** Country 30 **U.S.A.**

9. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E.
201 EAST PINE STREET
SUITE 1200
ORLANDO, FL 32801

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if name or address changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [ ] DELETE	11 TITLE	CH, S [ ] Change [X] Addition
NAME	CRITCHFIELD, JACK B., DR.	12 NAME	CRITCHFIELD, JACK B., DR.
STREET ADDRESS	1929 BEAU VOYAGE DRIVE	13 STREET ADDRESS	1929 BEAU VOYAGE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33764-7560	14 CITY-ST-ZIP	CLEARWATER, FL 33764-7560
TITLE	D [ ] DELETE	21 TITLE	P, T [ ] Change [X] Addition
NAME	NUNIS, RICHARD A.	22 NAME	NUNIS, RICHARD A.
STREET ADDRESS	6324 DEACON CIRCLE	23 STREET ADDRESS	6324 DEACON CIRCLE
CITY-ST-ZIP	WINDERMERE, FL 34786	24 CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	100000282321--2
NAME		42 NAME	-03/30/99--01034--013
STREET ADDRESS		43 STREET ADDRESS	****150.00 [ ] Change [ ] Addition
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Richard A Nunis **Richard A. Nunis, President** **3/12/99** **407-835-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #