

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S20259 (5)
 1. Corporation Name
NATIONAL BUSINESS TELEPHONE SERVICES, INC.

Principal Place of Business 2325 ULMERTON RD SUITE 27 CLEARWATER FL 34622	Mailing Address 2325 ULMERTON RD SUITE 27 CLEARWATER FL 34622
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	County 25
29	30

DO NOT WRITE IN THIS SPACE

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 5/25/95

3. Date incorporated or Qualified 12/10/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3043644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.036, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KERMODE, RICHARD E.
2325 ULMERTON RD
SUITE 27
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 _____ DATE _____
(Signature typed in printed name of registered agent and fee if applicable) (NOT! Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERMODE, LEE R.	1.2 NAME	
STREET ADDRESS	1400 GANDY BLVD. #407	1.3 STREET ADDRESS	DELETE
CITY ST ZIP	ST. PETE, FL 33702	1.4 CITY ST ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERMODE, RICHARD E.	2.2 NAME	
STREET ADDRESS	14020 EGRET LANE	2.3 STREET ADDRESS	-
CITY ST ZIP	CLEARWATER, FL 34622	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D/S/T
STREET ADDRESS		3.3 STREET ADDRESS	JOYCE KLINGENSMITH
CITY ST ZIP		3.4 CITY ST ZIP	8022 COTTONWOODE DR. LARGO, FL 34643
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D/V
STREET ADDRESS		4.3 STREET ADDRESS	WILLIAM KLINGENSMITH
CITY ST ZIP		4.4 CITY ST ZIP	8022 COTTONWOODE DR. LARGO, FL 34643
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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 110.07(3)(b), 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 or changed or off an attachment with an address.

SIGNATURE: Richard E. Kermode DATE: **5/25/95** SYSTEM NUMBER: **813 571-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR