

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90024 044 \*\*\*158.75



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                    | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| <b>DOCUMENT # S20833</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 1. Corporation Name<br><b>THE NATIONAL BUSINESS INSTITUTE OF FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| Principal Place of Business<br><b>742 S. COMBEE RD.<br/>BLDG 4<br/>LAKELAND FL 33801<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | Mailing Address<br><b>1900 TH EXCHANGE<br/>STE 480<br/>ATLANTA GA 33810<br/>US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address                                                               |                                                                                    | 3. Date Incorporated or Qualified<br><b>12/26/1990</b>                                                                               |  |
| 21 Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 26 Suite, Apt. #, etc.                                                            |                                                                                    | 4. FEI Number<br><b>65-0279493</b>                                                                                                   |  |
| 22 City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27 City & State                                                                   |                                                                                    | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |  |
| 23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 28 Zip Country                                                                    |                                                                                    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
| 24 25                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 29 30 <b>30339</b>                                                                |                                                                                    | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>VANN, CARLTON R<br/>1227 BONNIE GLEN ST<br/>LAKELAND FL 33810</b>                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   | 10. Name and Address of New Registered Agent                                       |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 81 Name                                                                            |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 82 Street Address (P.O. Box Number is Not Acceptable)                              |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 83                                                                                 |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 84 City <b>FL</b> 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 <i>Carlton R Vann</i> <b>Carlton Ray Vann</b> <b>1-26-99</b><br><small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>                                                                                                                                                                                                                     |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                    |                                                                                                                                      |  |
| 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 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:** *Mark Lavinsky* **Mark Lavinsky, Pres.** 02-03-99 (770) 988-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)