FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V11510** **(7)**

1. Corporation Name

NBS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
13577 FEATHER SOUND DR SUITE 450 CLEARWATER FL 34622 US	13577 FEATHER SOUND DR SUITE 450 CLEARWATER FL 34622 US

3. Date Incorporated or Qualified: **01/30/1992**
3a. Date of Last Report: **08/11/1995**

4. FEI Number: **59-3101031** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10105 9th Street North	26 10105 9th Street North
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33716 Country 25 Pinellas	Zip 29 33716 Country 30 Pinellas

9. Name and Address of Current Registered Agent

LASHER, STUART G.
13577 FEATHER SOUND DR
SUITE 450
CLEARWATER FL 34622

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 _____ (NOTE: Required if Agent is changing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LASHER, STUART G.		12 NAME		
STREET ADDRESS	126 CHESAPEAKE AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ESRICK, STEVEN M.		22 NAME		
STREET ADDRESS	50 DOLPHIN DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	CFO	☐ Change ☒ Addition
NAME			32 NAME	Craig Hill	
STREET ADDRESS			33 STREET ADDRESS	10105 9th Street North	
CITY-ST-ZIP			34 CITY-ST-ZIP	St. Petersburg, Fl 33716	
TITLE		☐ DELETE	41 TITLE	Controller	☐ Change ☒ Addition
NAME			42 NAME	Garry Hasara	
STREET ADDRESS			43 STREET ADDRESS	10105 9th Street North	
CITY-ST-ZIP			44 CITY-ST-ZIP	St. Petersburg, Fl 33716	
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		

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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: Garry Hasara Garry Hasara, Controller 4/29/96 (813) 579-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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