


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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 664287 (0)
1. Corporation Name
NETWORKS, INC.



Principal Place of Business 3265 MERIDIAN PKWY #104 SUITE 104 FORT LAUDERDALE FL 33331	Mailing Address 3265 MERIDIAN PKWY #104 SUITE 104 FORT LAUDERDALE FL 33331-3505
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3. Date Incorporated or Qualified 02/06/1980	3a. Date of Last Report 06/21/1996
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2. Principal Place of Business 21 Attn: Therese Haindfield Suite, Apt. #, etc. 22 10810 Farnam Drive City & State 23 Omaha, NE Zip 24 68154 Country 25 USA	2a. Mailing Address 26 Attn: Therese Haindfield Suite, Apt. #, etc. 27 10810 Farnam Drive City & State 28 Omaha, NE Zip 29 68154 Country 30 USA	4. FEI Number 59-1978956	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBERT LEE TOOMBS III 3265 MERIDIAN PKWY #104 SUITE 104 FORT LAUDERDALE FL 33331	10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324
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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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOOMBS, ROBERT LEE III 3265 MERIDIAN PKWY #104 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTC Bill Fairfield 10810 Farnam Drive Omaha, NE 68154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TOOMBS, KAREN LYNNE 3265 MERIDIAN PKWY #104 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/D David Gventhner 10810 Farnam Drive Omaha, NE 68154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Leor Kerkman 10810 Farnam Drive Omaha, NE 68154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S Michael Steffan 10810 Farnam Drive Omaha, NE 68154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002163879 -05/02/97--01102--012 ***165.00

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.

SIGNATURE:  DATE: 4-21-97 (402) 392-3900

CR2E034 (9/96)