FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

DOCUMENT # 718120

(9)

NET	П	F٩	121	ΔN	n	INC.
HIL.	1 I L.		IOL	MIN	v.	mu.

Principal Place of Business	Mailing Address	
9801 SOUTH OCEAN DR. JENSEN BCH FL 34957	9801 SOUTH OCEAN DR. JENSEN BCH FL 34957	



						3. Date Incorporated or Qualified 03/31/1970			ast Report /1995	
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
21		26				59-1407317			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			c.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State 23 28						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	30 Co	untry	ı	This corporation has liability for in Florida Statutes	ntangible ta		r s. 199.032,	
	9. Name and Address of Curre		1001	T		10. Name and Address of New Re	gistered A	gent		
				81	Name		-			
	YSON, ROD			82	Street Ac	didress (P.O. Box Number is Not Acceptable	e)			
	AUSTRALIAN AVE. SO., SUITE 10	1		83						
W. PA	ILM BEACH FL 33409									
				84	City		FI	65	Zip Code	
SIGNATURI	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Registere		nt signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIBEC	STORS IN 12	
					1	ADDITIONS/CHANGES TO OFFI			· · · · · · · · · · · · · · · · · · ·	
TIFLE	PD P	DELETE		TITLE			L] Chan	ge 🔲 Addition	
NAME	BROSSART, JAMES C	70.0	-	NAME						
STREET ADDRES		10-2			ADDRESS					
CITY-ST-ZIP	JENSEN BEACH FL VD	□ DELETE			ST-ZIP			Chan	ae 🔲 Addition	
TITLE	MARTIN, LESLIE	Prefere		LILFE			L	_ Criani	ge Mudition	
NAME	D O DOLL 4555 11/1			NAME	r address					
STREET ADDRES	JENSEN BEACH FL		4		ST-ZIP					
TITLE	SO	□ DELETE		TITLE	31-21		ř	Chan	ge 🗍 Addition	
NAME	COOK, RICHARD G M.D.	Ba-rif	32	NAME					_	
STREET ADDRES	ss 9801 S OCEAN DRIVE, #11	16-2	33	STREE	ADDRESS					
CITY - ST - ZIP	JENSEN BEACH FL		3.4.	CITY-	ST-ZIP					
TITLE	TD	DELETE	41	TITLE			C.] Chan	ge 🔲 Addition	
NAME	HIGH, COFOID R.		4 2	NAME						
STREET ADDRES			4.3	STREF	T ADDRESS					
CITY - ST - ZIP	JENSEN BEACH FL 34957				ST - ZIP					
TITLE	D DOMEN TELL	DELETE		TITLE			L	_ Chan	ge 🔲 Addition	
NAME	BROWN, ZELLA	7.0		NAME						
STREET ADDRES		1.2			T ADDRESS					
CITY - ST - ZIP	JENSEN BEACH FL	DELETE			ST-ZIP			Chan	ge 🔲 Addition	
TIFLE	D COMMON TO SECON			TITLE			L	,, Cildii	de ["] waaiiigi)	
NAME OTOGET ADDOG	CONNOLLY, JOSEPH SS 9801 S OCEAN DRIVE, #66	9		NAME etdec	TADODECE					
STREET ADDRE	SS 9801 5 OCEAN DRIVE, 1700 JENSEN BEACH FL	·c			T ADDRESS					
CITY-ST-ZIP		I tak alite Bitter to the case to	■ 64	UIIY-	ST-ZIP	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			-> -A 1.£	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if an annual report with an address? E AND TYPED OR PRINTED NAME OF SIGNING TO

SIGNATURE:

1/29/96

229-2930