

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000002083 (0)
 1. Corporation Name: **NETWORK SPECIALISTS INCORPORATED**



Principal Place of Business: **80 RIVER ST. HOBOKEN NJ 07030**
 Mailing Address: **80 RIVER ST. HOBOKEN NJ 07030**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25
 26. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified: **04/21/1997**
 4. FEI Number: **22-3142229** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.0509 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: Signature type the printed name of registered agent and title if applicable (NOT Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS
 DELETE
 TITLE: **P**
 NAME: **BEELER, DONALD E JR**
 STREET ADDRESS: **80 RIVER ST.**
 CITY- ST- ZIP: **HOBOKEN NJ 07030**
 DELETE
 TITLE: **CFO**
 NAME: **MEYERS, SCOTT**
 STREET ADDRESS: **80 RIVER ST.**
 CITY- ST- ZIP: **HOBOKEN NJ 07030**
 DELETE
 TITLE:
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:
 DELETE
 TITLE:
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:
 DELETE
 TITLE:
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY- ST- ZIP
 Change Addition
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP
 Change Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP
 Change Addition
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY- ST- ZIP
 Change Addition
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY- ST- ZIP
 Change Addition
 6.1 TITLE
 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

SIGNATURE: *[Handwritten Signature]* H-58 6211 57-221

CR2E034 (10/97)