

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 01 PH 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K62240 (2)

1. Corporation Name

Network InfoServe, Inc.  
& John Turner

Principal Place of Business

Mailing Address

1505 North Florida Ave Ste B  
Tampa, FL 33602-2652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/30/1989

04/06/1994

4. FEI Number

592929359

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1505 N Florida Ave

2a 1505 N Florida Ave

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

Suite, Apt #, etc

22 Ste B

Suite, Apt #, etc

27 Ste B

City & State

23 Tampa, FL 33602-2652

City & State

28 Tampa, FL 33602-2652

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Turner, John  
6619 Seafairer Drive  
Suite S-1  
Tampa FL 33615

81 Name

Turner, John

82 Street Address (P.O. Box Number is Not Acceptable)

10001 Marathon Court

83

Suite S-1

84 City

Tampa

FL

85 Zip Code  
33615

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 officer 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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D/T/S  
NAME John Turner  
STREET ADDRESS 6619 Seafairer Drive  
CITY ST ZIP Tampa, FL 33615

11 TITLE P/D/T/S  Change  Addition  
12 NAME John Turner  
13 STREET ADDRESS 10001 Marathon Court  
14 CITY ST ZIP Tampa, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  
30000 1474823  
-05/04/95--01007--019  
\*\*\*208.75 \*\*\*208.75

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

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: John Turner President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 229-1178

Date

Signature

751 5/1/95