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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L16999**

1. Corporation Name
NETWORK SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O CHRISTIANSEN & DEHNER, P.A.
2975 BEE RIDGE RD., STE. C
SARASOTA FL 34239
US

Mailing Address
C/O CHRISTIANSEN & DEHNER, P.A.
2975 BEE RIDGE RD., STE. C
SARASOTA FL 34239
US

3. Date Incorporated or Qualified
09/18/1989

4. FEI Number
65-0146667

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
715 6th STREET WEST

2a. Mailing Address
C/O CHRISTIANSEN & DEHNER, P.A.

21. Suite, Apt. #, etc.
SUITE A

26. Suite, Apt. #, etc.
63 SARASOTA CENTER BLVD SUITE 107

22. City & State
BRADENTON FL

27. City & State
SARASOTA FL

23. Zip Country
34205 US

28. Zip Country
34240 US

9. Name and Address of Current Registered Agent
CHRISTIANSEN & DEHNER, P.A.
2975 BEE RIDGE RD.
STE. C
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81. Name
CHRISTIANSEN & DEHNER, P.A.

82. Street Address (P.O. Box Number is Not Acceptable)
63 SARASOTA CENTER BLVD SUITE 107

83.

84. City
SARASOTA

85. Zip Code
FL 34240

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 *[Signature]* **V.P. JOTT R. CHRISTIANSEN** **3/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE
PST

NAME
SILVA, JAMES R

STREET ADDRESS
909 - 137 ST., E.

CITY-ST-ZIP
BRADENTON FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **3/20/99** **741-748-8804**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)