

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L51030** (9)

1. Corporation Name
RAI SYSTEMS NETWORK, INC.



Principal Place of Business: **3001 ROCKY POINT DR EAST SUITE 340 TAMPA FL 33607**
Mailing Address: **3001 ROCKY POINT DR EAST SUITE 340 TAMPA FL 33607**

3. Date Incorporated or Qualified: **02/19/1990**
3a. Date of Last Report: **04/18/1995**

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2993246	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	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

10. Name and Address of New Registered Agent

**MYSKA, LANNY
3001 N ROCKY PT DR E
SUITE 340
TAMPA FL 33607**

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 607.0502 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYSKA, LANNY N.	1.2 NAME	
STREET ADDRESS	3001 N ROCKY PT DR E 340	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33607	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARDAIS, LOUISE M	2.2 NAME	
STREET ADDRESS	3001 N ROCKY PT DR E 340	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33607	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, KARL	3.2 NAME	
STREET ADDRESS	178 SPRINGFIELD RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	OTTAWA, ONTARIO, CANA	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	HENRY J. SYMULEVICH
CITY- ST- ZIP		4.4 CITY- ST- ZIP	3001 N. ROCKY POINT DR. E. 340 TAMPA, FL 33607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	ROBERT B. LETZEISEN
CITY- ST- ZIP		5.4 CITY- ST- ZIP	3001 N. ROCKY POINT DR. E. 340 TAMPA, FL 33607
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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: **Lanny N. Myska** **LANNY N. MYSKA, CEO** 11/15/96 (813) 288-0808

CR2E034 (12/95)