

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M17566 (4)

1. Corporation Name
THE NANNY NETWORK, INC.

Principal Place of Business	Mailing Address
% MICHAEL FERTIG 20145 N.E. 25TH AVE. MIAMI FL 33180	% MICHAEL FERTIG 20145 N.E. 25TH AVE. MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1985	3a. Date of Last Report 07/25/1994
4. FEI Number 59-2566953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Cleared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MICHAEL FERTIG
801 BRICKELL AVE., 24TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.1508, Florida Statutes, the above named corporation warrants 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. Thereby accept the appointment as registered agent. I, am familiar with and accept the obligations of Section 607.011, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12.1 NAME	PST FERTIG, RONI K. 20145 N.E. 25 AVE. N. MIAMI BEACH FL
12.2 NAME	
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	
12.9 NAME	
12.10 NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *Roni K. Fertig* **Roni K. FERTIG** 4-25-95 305 935 3948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR