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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90120 042 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P92000009646

1. Corporation Name NETWORKS NATIONAL MARKETING CORPORATION

Principal Place of Business 10553 BRIDGE CREEK DR PENSACOLA FL 32506-9565

Mailing Address 10553 BRIDGE CREEK DR PENSACOLA FL 32506-9565



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1992

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3153598

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year intangible Personal Property Tax.

Yes No

24 25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASTER, WAYNE J 10553 BRIDGE CREEK DR PENSACOLA FL 32506-9565

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

DPTS GASTER, WAYNE J 10553 BRIDGE CREEK DR. PENSACOLA FL 32506-9565

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

C GASTER, WAYNE J 10553 BRIDGE CREEK DR. PENSACOLA FL 32506-9565

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DVVS GASTER, MARIA R 10553 BRIDGE CREEK DR. PENSACOLA FL 32506-9565

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

VI GASTER, MARIA R 10553 BRIDGE CREEK DR. PENSACOLA FL 32506-9565

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

GASTER, WAYNE J 10553 BRIDGE CREEK DR. PENSACOLA FL 32506-9565

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

GASTER, MARIA R 10553 BRIDGE CREEK DR. PENSACOLA FL 32506-9565

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, with all other like empowered.

SIGNATURE: GASTER, WAYNE J. GASTER 28 APR 99 850-456-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)