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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000062458 (3)

1. Corporation Name
NETWORK BY DESIGN, INC.



Principal Place of Business
**9858 GLADES RD.
 SUITE 152
 BOCA RATON FL 33434**

Mailing Address
**9858 GLADES RD.
 SUITE 152
 BOCA RATON FL 33434-3963**

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
07/01/1996

4. FEI Number
65-0443572

Applied For
 Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

g. Name and Address of Current Registered Agent

**VENEGAS, LUIS N
 9858 GLADES RD.
 SUITE 152
 BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P CALVERT, JOHN W.W.**

STREET ADDRESS **9077-B BOCA GARDESN CIRCLE SOUTH**

CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE DELETE

NAME **ST VENEGAS, LUIS N**

STREET ADDRESS **6873 CALLE DEL PAZ N.**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE DELETE

NAME **VP WASIK, ROGER W**

STREET ADDRESS **5 BAYVIEW AVENUE**

CITY-ST-ZIP **ENGLEWOOD CLIFF NJ 07632**

TITLE DELETE

NAME **VP HOGUE, TOM R**

STREET ADDRESS **6653 LAKE HILLS DR., APT. K**

CITY-ST-ZIP **RALEIGH NC 27609**

TITLE DELETE

NAME **D HATINGS, RICHARD P**

STREET ADDRESS **24 DAWN LANE**

CITY-ST-ZIP **RIDGEFIELD CT 06877**

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 do 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.

SIGNATURE: *Luis M Venegas* EFO **2/20/97** **561-362-8698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)