


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000088014 (4)**  
 1. Corporation Name  
**NETWORK SPECIALTIES, INC.**



Principal Place of Business <b>5802 E FOWLER AVENUE</b> <b>1</b> <b>TAMPA FL 33617</b> <b>US</b>	Mailing Address <b>5802 E FOWLER AVENUE</b> <b>1</b> <b>TAMPA FL 33617</b> <b>US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7402 N. 56th Street</b> 22 <b>445</b> City & State 23 <b>Tampa, FL</b> Zip 24 <b>33617</b>	2a. Mailing Address 26 <b>7402 N. 56th Street</b> Suite, Apt. #, etc. 27 <b>445</b> City & State 28 <b>Tampa, FL</b> Zip 29 <b>33617</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
---	---	--------------------------	--------------------------

3. Date incorporated or Qualified <b>12/20/1993</b>	4. FEI Number <b>59-3216117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**FULLER, JEFFREY M**  
**100 N. TAMPA ST.**  
**SUITE 2650**  
**TAMPA FL 33602**

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

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's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SANFORD, STANLEY H</b>	
STREET ADDRESS	<b>507 GAY RD</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SUAREZ, DAVID S</b>	
STREET ADDRESS	<b>2305 KNOLLWOOD PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>President</b>
2.3 STREET ADDRESS	<b>Suarez, David S.</b>
2.4 CITY-ST-ZIP	<b>15350 Amberly Drive, #921</b> <b>Tampa, FL 33647</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attached form with an address.

SIGNATURE: *Stanley H. Sanford* **Stanley H. Sanford 11/9/98 (813)989-0445**

CP2E034 (10/97)