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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

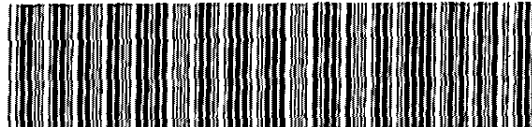
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**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
General B. Nathanson  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:27

**DOCUMENT # P93000088014 (4)**

1. Corporation Name

**NETWORK SPECIALTIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8310 N. 16TH ST.  
SUITE 209  
TAMPA FL 33612  
US

Mailing Address

8310 N. 16TH ST.  
SUITE 209  
TAMPA FL 33612  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/20/1993**

3a. Date of Last Report  
**06/14/1994**

2. Primary Office of Business

21

Suite, Apt. #, etc.

2b. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

**59-3216117**

Applied For  
Not Acceptable

5. Certificate of Status Officer

**\$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 § 169.032,  
Florida Statutes  Yes  No

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0602 and 607.1308, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time of signature

Signature, typed or printed name of registered agent and time of signature

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

VP

NAME

SANFORD, KATHY A

STREET ADDRESS

507 GAY RD.

CITY- ST- ZIP

SEFFNER FL

13. TITLE

P

NAME

SUAREZ, DAVID S

STREET ADDRESS

2305 KNOLLWOOD PLACE

CITY- ST- ZIP

TAMPA FL

14. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

15. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

16. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

17. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

18. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplement thereto 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy A. Sanford* KATHY A. SANFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 813 932-5858

Date

Telephone Number