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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

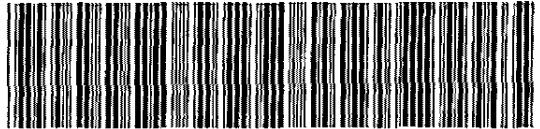
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Certified Copies _____ Certificates of Status _____

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
 AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

91 JUN 14 AM 6:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000088014 (4)

1. Corporation Name
 NETWORK SPECIALTIES, INC.

Mailing Address
 9310-16TH STREET-NORTH
 TAMPA-FL-33612

Principal Place of Business
 9310-16TH STREET-NORTH
 TAMPA-FL-33612

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified 12/20/1993
 3a. Date of Last Report N/A
 4. FID Number 59-3216117
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with 115501(c)(3) Tax Exempt Status
 8. This corporation has liability for attempt to tax under 3, 109, 032 Florida Statutes Yes X No

2. Mailing Address
 21 9310 N. 16TH STREET
 Suite, Apt. #, etc. SUITE 209
 22 CITY & STATE TAMPA FLORIDA
 23 Zip 33612 Country USA

2a. Principal Place of Business
 26 9310 N. 16TH STREET
 Suite, Apt. #, etc. SUITE 209
 27 CITY & STATE TAMPA FLORIDA
 28 Zip 33612 Country USA

9. Name and Address of Current Registered Agent
 FULLER JEFFREY M
 100 S. ASHLEY DRIVE
 SUITE 1300
 TAMPA FL 33602

10. Name and Address of New Registered Agent
 01 Name JEFFREY M. FULLER
 02 Street Address 100 NORTH TAMPA STREET
 03 SUITE 2650
 04 City TAMPA FL 05 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	SANFORD KATHY A
1.3 STREET ADDRESS	14508 HIGHLAND HILLS PLACE
1.4 CITY-ST-ZIP	TAMPA FL 33625
2.1 TITLE	D
2.2 NAME	SANFORD STANLEY M
2.3 STREET ADDRESS	14508 HIGHLAND HILLS PLACE
2.4 CITY-ST-ZIP	TAMPA FL 33625
3.1 TITLE	D
3.2 NAME	SUAREZ DAVID S
3.3 STREET ADDRESS	2305 KNOLLWOOD PLACE
3.4 CITY-ST-ZIP	TAMPA FL 33604
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 1994

1.1 TITLE	OFFICER - VICE PRESIDENT / ADMINISTRATION
1.2 NAME	KATHYA SANFORD
1.3 STREET ADDRESS	507 GAY ROAD
1.4 CITY-ST-ZIP	SEFFNER, FL 33584
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	OFFICER - PRESIDENT
3.2 NAME	DAVID S. SUAREZ
3.3 STREET ADDRESS	2305 KNOLLWOOD PLACE
3.4 CITY-ST-ZIP	TAMPA, FL 33604
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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(1)(b), Florida Statutes. I hereby 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 or Chapter 617, 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 KATHYA SANFORD 6/8/94 (813) 932-5888
(Signature, typed or printed name of signing officer or director) Date Phone/Fax #