

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

FILED

90 MAY -1 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000053566 (3)**

1. Corporation Name  
**NETWORK SERVICE CENTER, INC.**



Principal Place of Business  
**3550 BISCAYNE BLVD.  
SUITE 705  
MIAMI FL 33137**

Mailing Address  
**3550 BISCAYNE BLVD.  
SUITE 705  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1994</b>	
21		26		4. FEI Number <b>65-0506211</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ROSEN, STEVEN M ESQ. 5601 BISCAYNE BLVD. MIAMI FL 33137</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>COTE, HENRY</b>	1.2 NAME	<b>ALAN J. CONNER</b>
STREET ADDRESS	<b>3550 BISCAYNE BLVD., STE 705</b>	1.3 STREET ADDRESS	<b>3550 BISCAYNE BLVD, STE. 705</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33137</b>
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
TITLE		2.2 NAME	<b>300002513283--5</b>
NAME		2.3 STREET ADDRESS	<b>-05/06/98--01064--005</b>
STREET ADDRESS		2.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
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.

SIGNATURE \_\_\_\_\_ (305) 526-1038

CR2E034 (10/97)