

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003478 (0)
 1. Corporation Name
NATIONAL CONSULTANT NETWORK INC.



Principal Place of Business 103 REVELL ROAD CRAWFORDVILLE FL 32327	Mailing Address 103 REVELL ROAD CRAWFORDVILLE FL 32327-2417
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3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report
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21. Principal Place of Business 2783 Wildriver Dr Suite, Apt. #, etc.	22. City & State Roseburg Or.	23. Zip 97470	24. Country Douglas	25. Mailing Address 2783 Wildriver Dr Suite, Apt. #, etc.	26. City & State Roseburg, Oregon	27. Zip 97470	28. Country Douglas	4. FEI Number 59-3351705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									

9. Name and Address of Current Registered Agent WELCH, GORDON 103 REVELL ROAD CRAWFORDVILLE FL 32327				10. Name and Address of New Registered Agent					
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 607.0502 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: *[Signature]*
 Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Gordon Welch		1.2 NAME				
STREET ADDRESS	2783 Wildriver Dr		1.3 STREET ADDRESS				
CITY - ST - ZIP	Roseburg, Or 97470		1.4 CITY - ST - ZIP				
TITLE	Secretary	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Leslie Welch		2.2 NAME				
STREET ADDRESS	2783 Wildriver Dr		2.3 STREET ADDRESS				
CITY - ST - ZIP	Roseburg, Or 97470		2.4 CITY - ST - ZIP				
TITLE	Treas -	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Leslie Welch		3.2 NAME				
STREET ADDRESS	2783 Wildriver Dr		3.3 STREET ADDRESS				
CITY - ST - ZIP	Roseburg, Or 97470		3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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: *[Signature]* **4-12-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)