	2
	3
	ì
	3
	2
	2

)

ECOND NOTICE:	CORPORATION	WILL BE	<b>DISSOLVED</b>	ON OR A	FTER SE	PTEMBER 1	5, 1999.
AMOUNT DUE ON O	R BEFORE 09/15/99:	\$550 (IF DE	SSOLVED, MININ	IUM AMOUN	T DUE TO !	BEINSTATE: \$75	iO).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012185

NETWORK SOLUTIONS OF AMERICA, INC.

Principal Place of Business 4727 SW 13TH AVENUE #204

CAPE CORAL FL 33914

Mailing Address

4727 SW 13TH AVENUE #204 CAPE CORAL FL 33914

AND

99 AUG 20 AM 10: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



02 002	12 00011			DO NOT WRITE IN THIS SE	PACE
				Date Incorporated or Qualified     02/10/1998	
21 127	11 (IICIIO IKIIWAY 120 IX	771 Metro	Parkway	4. FEI Number 65-0813368	Applied For Not Applicable
Suite, Apt.	#, etc. te #1 27 5	Apt. #, etc. uite#1	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Myers FL 28 Fo	1 AA	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 2 2 (	Country		ountry U.S.A.	8. This corporation owes the current year Intangible Personal Property.	Yes 🔀 No
24 )	9. Name and Address of Current Registered A		<u> </u>	10. Name and Address of New Registered Ag	
	9. Name and Address of Current Registered A	gent	81 Name	IV. Name and Address of New Registered Ag	
LAV	/OIE. RODNEY A				
	7 SW 13TH AVENUE #204		82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
	PE CORAL EL 32014		83 12	771 Metro Parkway	
			63	Suite # 1	
			84 City Fo	ct Muscs FL	85 Zip Code 339/2
11. Pursuani	t to the provisions of sections 607.0502 and 607.1508.	Florida Statutes, the a	bove-named corpor	ration submits this statement for the purpose of chan-	ging its registered
office or	to the provisions of sections 607.0502 and 607.1508, registered agent, or both, in the State of Florida, Sucram familiar with, and accept the obligations of section	change was authoriz	ed by the corporation	on's board of directors. I hereby accept the appointment	nent as registered
	am familiar with, and accept the obligations of securit			1 a Vais 9-11	1-99
SIGNATURE	Signature, typed or printed some of registered spent and title if applicable		dNey H.	ured when reinstating) DATE	<del></del>
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND	Change Addition Addition
TITLE	D				Change Addition
NAME	LAVOIE, RODNEY A	Deceive	NAME ,	1,0	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	4727 SW 13TH AVENUE #204		STREET ADDRESS		·   Ö
STREET ADDRESS	CAPE CORAL FL 33914				∣ନ୍ଧ
CITY-ST-ZIP	CAPE COMAL FL 33914		CITY-ST-ZIP		1 [-1 ] =
TITLE			TITLE	200002974	922
NAME		2.21	NAME	-08/31/990	01042022
STREET ADDRESS		2.3 5	STREET ADDRESS	****150.00	****150.00
CITY-ST-ZIP		2.4	CITY-ST-ZIP	and the state of t	
TITLE		DELETE 3.1	TITLE		Change
N/#HE		3.2	NAME		
STREET ADDRESS		3.33	STREET ADDRESS		
CTY-ST-ZIP		3.4	CITY-ST-ZIP		1
TITLE			TITLE		Change Addition
NAME			NAME	<u></u>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		4.4	CITY-ST-ZIP		
TITLE		DELETE 5.1	TITLE		Change Addition
NAME			NAME		
	1				_ 1
STREET ANDRESS	1	E 535	STREET ADDRESS 1		Λ '
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		- 00
CITY-ST-ZIP		5.4	STREET ADDRESS CITY-ST-ZIP TITLE		100 Date   Date of the
CITY-ST-ZIP TITLE		5.4 DELETE 6.1	CITY-ST-ZIP TITLE		Toppes Demon
CITY-ST-ZIP TITLE NAME		5.4 DELETE 6.1 6.2	CITY-ST-ZIP TITLE NAME		Toloro Decrion
CITY-ST-ZIP TITLE		5.4 DELETE 6.1 6.2 6.3	CITY-ST-ZIP TITLE		Tollar Decembra

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:

NATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8/11/99

941-561-6814 Deyline Phone #



## Network Solutions of America, Inc.

dba Fiber Solutions

12771 Metro Parkway, Suite # 1
Fort Myers, Florida 33912
941.561.6814
fax ~ 941.561.0832

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir:

Enclosed please find our annual report and a check in the amount of \$150.

I called your office and they informed me to write this letter of explanation for our late filing. Our office moved to a new location a few months ago (please note new address on report) and apparently the original paperwork was lost during the move. The second notice just arrived at our new address.

I do apologize for the inconvenience and would appreciate the late filing fee being dropped this one time. Should there be any questions please contact me at the above number.

Thanking you in advance for your consideration in this matter.

Sincerely,

Joyce D. Rogers Office Manager

Enc. 2