

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Janet B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 5:27

DOCUMENT # **S16240** (1)

1. Corporation Name:
NETWORK SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13032 SW 133 CT
MIAMI FL 33186
US

13032 SW 133 CT
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quarter
11/30/1990

3a. Date of Last Report
04/25/1994

2. Principal Place of Business

2b. Mailing Address

21 **175 FOUNDATION BLEND BLVD**

2b **175 FOUNDATION BLEND BLVD**

4. FEI Number
65-0231531

Applied For
 Not Applicable

Suite, Apt. # etc.

Suite, Apt. # etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 **SUITE 1-G**

27 **SUITE 1-G**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State

City & State

8. This corporation has liability for franchise tax under S. 194 D&F Florida Statutes Yes No

23 **MIAMI, FL**

28 **MIAMI, FL**

24 **33172** 25

29 **33172** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, CHYREL A.
13032 SW 133 CT
MIAMI FL 33186

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

175 FOUNDATION BLEND BLVD STE 1-G

B3

B4 City

MIAMI

FL

B5 Zip Code

33172

11. Pursuant to the provisions of Sections 609.01(2) and 609.01(3) Florida Statutes, if a new 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 609.01(2)(b) Florida Statutes.

SIGNATURE

Chyrel Morales

4/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE: **P**
2. NAME: **CLARK, DAVID T**
3. STREET ADDRESS: **10828 SW 90 LANE**
4. CITY, ST, ZIP: **MIAMI FL**

Change Addition

1. TITLE: **V**
2. NAME: **MORALES, CHYREL A**
3. STREET ADDRESS: **10863 N KENDALL DR**
4. CITY, ST, ZIP: **MIAMI FL**

Change Addition

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:

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 119.02(3)(A), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 187, Florida Statutes, and that my name appears in Block 12 of Block 13 of a transcript of an attachment with an address.

SIGNATURE:

Chyrel Morales

CHYREL MORALES

4/24/95

650231531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR