

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # V59016 (8)

1. Corporation Name

SPECIALTY NETWORK SERVICES, INC.



Principal Place of Business

Mailing Address

2600 LAKE LUCIEN DR.
STE 113
MAITLAND FL 32751
US

2600 LAKE LUCIEN DR.
STE 113
MAITLAND FL 32751
US

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **06/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3145784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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, by self or principal officer of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNION, THOMAS O.	
STREET ADDRESS	2600 LAKE LUCIEN DR STE 113	
CITY - ST - ZIP	MAITLAND FL 32	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALE, ALVIN F.	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PALMER, JONATHAN J.	
STREET ADDRESS	50 N. LAURA ST 41ST FL	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	SPIES, GEORGE J.	
STREET ADDRESS	2600 LAKE LUCIEN DR STE 109	
CITY - ST - ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRANSFORD, CHERYL W.	
STREET ADDRESS	2600 LAKE LUCIEN DR STE 113	
CITY - ST - ZIP	MAITLAND FL 32	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RECOB, STANLEY E.	
STREET ADDRESS	2600 LAKE LUCIEN DR STE 113	
CITY - ST - ZIP	MAITLAND FL 32	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EVP
4.3 STREET ADDRESS	HESTER, TRUMAN L.
4.4 CITY - ST - ZIP	2600 LAKE LUCIEN DRIVE, STE 113
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MAITLAND FL 32751
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(3)(k), 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:

Stanley E. Recob
STANLEY E. RECOB, TREASURER AND DIR. OF FINANCE

2/26/96

(407) 875-2500

Daytime Phone #

CR2E034 (12/95)