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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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



DOCUMENT # **V59016** (8)
1. Corporation Name
SPECIALTY NETWORK SERVICES, INC.
HONOR SERVICES, INC.

Principal Place of Business: 2600 LAKE LUCIEN DR. STE 449 180 MATTLAND FL 32751 -7232 US
Mailing Address: 2600 LAKE LUCIEN DR. STE 449 180 MATTLAND FL 32751-7232 US

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite #, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 08/17/1992
3a. Date of Last Report: 03/05/1996
4. FEI Number: 59-3145784
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
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Addition	C
3.2 NAME	C. Leon Wilson III
3.3 STREET ADDRESS	2501 Wooten Boulevard
3.4 CITY - ST - ZIP	Wilson, NC 27893
4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	EVP
4.2 NAME	Paul Schmelzer
4.3 STREET ADDRESS	2600 Lake Lucien Drive, Suite 180
4.4 CITY - ST - ZIP	Maitland, FL 32751-7232
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SVP/T
6.2 NAME	
6.3 STREET ADDRESS	
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: *Stanley E. Recob* E. Recob, SVP /T (407)875-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)