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Mar 25 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 # P94000000285 (4)

1. Corporation Name  
FLORIDA/U.S. DIGITAL NETWORKS, INC.



Principal Place of Business  
12189 N. U.S. HIGHWAY ONE  
SUITE 2  
NORTH PALM BEACH FL 33408  
US

Mailing Address  
12189 N. U.S. HIGHWAY ONE  
SUITE 2  
NORTH PALM BEACH FL 33408-2684  
US

3. Date Incorporated or Qualified  
01/03/1994

3a. Date of Last Report  
11/12/1996

2. Principal Place of Business  
21 13901 U.S Hwy 1  
Suite, Apt. #, etc. 1

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 JUND BETH FL.

27 City & State

24 Zip 33408 25 W. Palm Beach

28 Zip Country 29 30

4. FEI Number  
59-3299887

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

SUTO, MARK W  
12189 N. U.S. HIGHWAY ONE  
SUITE 2  
NORTH PALM BEACH FL 33408

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 type is on prescribed form of report and is not to be filed if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SUTO, MARK W  
STREET ADDRESS 12189 U.S. HIGHWAY ONE, SUITE 2  
CITY - ST - ZIP NORHT PALM BEACH FL 33408

TITLE VD  
NAME MCNULTY, GERALD P  
STREET ADDRESS 12189 U.S. HIGHWAY ONE, SUITE 2  
CITY - ST - ZIP NORTH PALM BEACH FL 33408

TITLE STD  
NAME SUTO, NANCY A  
STREET ADDRESS 12189 U.S. HIGHWAY ONE, SUITE 2  
CITY - ST - ZIP NORTH PALM BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)