FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

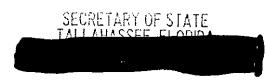
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
M.J.S.

P97000044095

Redty Netwern inc.

Principal Place of Business Mailing Address



495 NE4THST #7 495 NE4THST #7		DO NOT WRITE IN THIS SPACE			
Delray Beach FL 33483 Octray Bea			3. Date Increporated or Qualified 5 / 19 / 97	ļ	
		2000 7000		Applied For	
2. Principal Place of Business	2a, Mailing Address		4. FEI NUMBER 65-0797553 -	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		\$8.	75 Additional		
27		F Cartifosta of Chatus Datiford	e Required		
City & State City & State			6. Election Campaign Financing 55.	.00 May Be	
23 28		موسو در موسوشته و موده در 	Trust Fund Contribution Ad	ded to Fees	
Zip Country			This corporation owes the current year intangible		
24 25	29 30	<u> </u>	Personal Property Tax.	□No	
9. Name and Address of Current F	Registered Agent	81 Name	10, Name and Address of New Registered Agent		
SADOWSKI, MARK	LEUG-T-AST ICI	(a) Name			
And the Contract of the Asia was the Asia wa		82 Street Address (P.O. Box Number is Not Acceptable)			
SADOWSKI, MARK 550 ME435T APT 101 BOC PATON FL. New Address Qui wright Or		83			
New Address gal whight Or					
Lake II	JOYTHEL 3346	2 84 City	F1 85	Zip Code	
44 Dursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named composition 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a production of the corporation o					
SIGNATURE Signature, typic for prifered registered agent and late if applicable. (NOTE: Registered Agent signature required when releasuring)					
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TILE P	DEFELE	1.1 TILE	Cha	nge 🛗 Addition	
NAME SADOWSKI, MARK 550	NG43 ST.	12 NAME	•		
STREET ADDRESS	, 741-101	1.3 STREET ADDRESS		·	
TITLE NO. 1) 1-01-055	DELETE	14 CITY-ST-ZIP		nge Addition	
		22NAME	•		
STREET ADDRESS Lake worth & 33461		23 STREET ADDRESS			
CITY-ST-ZIP	193666	2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.17TRE	□ Cha	nge Addition	
NAME		3.2 NAME		ļ	
STREET ADDRESS		33 STREET ADDRESS		Ì	
спу-\$1-2Р		34 CITY-ST-ZP			
TITLE	DELETE	4.1 TITLE	() Cha	nge 🔲 Addition	
NAME		4. 2 NAME		ļ	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	Doctor	4.4 CITY-ST-ZIP	· [] Cha	nge 🗀 Addition	
TITLE	DELETE	5.1 TITLE 5.2 NAME	· LJ Cha	inflo [] wreston	
NAME	4	5.2 NAME 5.3 STREET ADDRESS		ļ	
STREET ADDRESS		5.4 CITY-ST-ZIP			
CITY-ST-ZIP	☐ DELETE	61 TITLE	☐ Cha	nge Addition	
TITLE	الله بالمداد	62 NAME	<u></u>	SY	
NAME CENTER ADDRESS		6.3 STREET ADDRESS		.	
STREET ADDRESS		6.4 CITY-ST-ZIP		1	
CITY-ST-ZIP		C. GIT-91-2F	action 110 07/3/(i) Florida Statutes I further certify that	46 - 10 for any officer	

4. I hereby certify that the information supplied with this filling 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 it am an officer or director of the corporation or the receiver or trustee ampowered 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING OFFICER OR ORGETOR

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CR2F034 (11/9)

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