

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

DOCUMENT # 647638 (6)
1. Corporation Name
NUNETT, INC.



Principal Place of Business
5825 PUERTA DEL SOL #263
ST. PETERSBURG FL 33715

Mailing Address
5825 PUERTA DEL SOL #263
ST. PETERSBURG FL 33715

3. Date Incorporated or Qualified 12/07/1979	3a. Date of Last Report 02/14/1995
4. FEI Number 59-2058504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

HODNETT, JAMES V
5825 PUERTA DEL SOL #263
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 line for principal name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V. / D
NAME	HODNETT, JAMES V., JR.	1.2 NAME	Victor P. Nunez
STREET ADDRESS	5825 PUERTA DEL SOL #263	1.3 STREET ADDRESS	227 Westminister
CITY - ST - ZIP	ST. PETERSBURG FL 33715	1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	VDS	2.1 TITLE	S
NAME	NUNEZ, KATHERINE H.	2.2 NAME	McCLAIN Joe A
STREET ADDRESS	227 WESTMINSTER DR	2.3 STREET ADDRESS	402 E Church St. P084
CITY - ST - ZIP	TALLAHASSEE FL 32204	2.4 CITY - ST - ZIP	Dade City FL 33525
TITLE	S	3.1 TITLE	
NAME	HUMPHREYS, VIRGINIA M.	3.2 NAME	
STREET ADDRESS	7022 GULFWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96
Date

813 864 2359
Daytime Phone #

CR2E034 (12/95)