


FILED

May 14 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 # F75086		(1)			
1. Corporation Name NETWORK COMMUNICATIONS CORPORATION					
Principal Place of Business 212 PONCE DELEON BLDV. P.O. BOX 10202 BROOKSVILLE FL 34801			Mailing Address 212 PONCE DELEON BLDV. P.O. BOX 10202 BROOKSVILLE FL 34803-0202		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent					
DESHAZO, SANDRA L. 5775 S. ROVAN POINT LECANTO FL 32681				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the owner of the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE		DST		<input type="checkbox"/> DELETE	
NAME		DESHAZO, SANDRA			
STREET ADDRESS		212 U.S. HWY. 98 NORTH			
CITY-ST-ZIP		BROOKSVILLE FL			
TITLE		PVC		<input type="checkbox"/> DELETE	
NAME		DESHAZO, MICHAEL			
STREET ADDRESS		212 U.S. HWY. 98 NORTH			
CITY-ST-ZIP		BROOKSVILLE FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address					

3. Date Incorporated or Qualified 04/06/1982		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2277642			<input type="checkbox"/> Applied for <input type="checkbox"/> 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			
10. Name and Address of New Registered Agent			
(P.O. Box Number is Not Acceptable)			
FL		85	Zip Code
Corporation submits this statement for the purpose of changing its registered agent on its board of directors. I hereby accept the appointment as registered agent.			
(Print Name and Address of Agent) _____ DATE _____			
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
I, _____, Secretary of the Corporation, certify that the above information is true and correct. My signature shall have the same legal effect as if made under oath; that it is as required by Chapter 607, Florida Statutes; and that my name is not on the list of disqualified persons.			

CR2E034 (9/96)

SIGNATURE:

4/30/97

(352)796-5692