

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 # F93000005321 (5)

1. Corporation Name

REGISTRY NETWORK, INC.



Principal Place of Business

1821 S. HILL STREET
OCEANSIDE CA 92054

Mailing Address

1821 S. HILL STREET
OCEANSIDE CA 92054

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

21 1821 S. Coast Highway

2a. Mailing Address

26 1821 S. Coast Highway

4. FEI Number

33-0376778

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Oceanside, CA

City & State

28 Oceanside CA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24 92054

Zip

Country

29 92054

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASLER, DANA
24641 U.S. 19 NORTH
SUITE 550
CLEARWATER FL 34623

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME MOELLER, PETER
STREET ADDRESS 1305 HILL ST.
CITY-STATE-ZIP NEW SMYRNA BEACH FL

☐ DELETE

TITLE D
NAME LIEBER, MIKE
STREET ADDRESS 1821 S. HILL STREET
CITY-STATE-ZIP OCEANSIDE CA 92054

☒ DELETE

TITLE STD
NAME MOELLER, LAURA
STREET ADDRESS 1305 HILL ST.
CITY-STATE-ZIP NEW SMYRNA BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE C.D.
2 NAME Moeller, Peter
3 STREET ADDRESS 1305 Hill St.
4 CITY-STATE-ZIP New Smyrna Beach FL

☒ Change ☐ Addition

2 1 TITLE P
2 NAME Fusco, John
3 STREET ADDRESS 1821 S. Coast Highway
4 CITY-STATE-ZIP Oceanside, CA 92054

☐ Change ☒ Addition

3 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-STATE-ZIP

☐ Change ☐ Addition

4 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-STATE-ZIP

☐ Change ☐ Addition

5 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-STATE-ZIP

☐ Change ☐ Addition

6 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-STATE-ZIP

☐ Change ☐ Addition

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: Laura Moeller Laura Moeller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/96

Daytime Phone #

CR2E034 (12/95)