

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

FILED

May 15 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 # F93000005321 (5)

1. Corporation Name

REGISTRY NETWORK, INC.

Principal Place of Business

1821 S COAST HIGHWAY  
OCEANSIDE CA 92054  
US

Mailing Address

1821 S COAST HIGHWAY  
OCEANSIDE CA 92054-5321  
US



3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

03/05/1996

4. FEI Number

33-0376778

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASLER, DANA  
24841 U.S. 19 NORTH  
SUITE 550  
CLEARWATER FL 34623

81

Name

SAME

82

Street Address (P.O. Box Number is Not Acceptable)

SAME

83

SUITE 430

84

City

SAME

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 translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 525 BYRON RD.  
1.4 CITY-ST-ZIP WINTERPARK, FL 32792

☐ Change ☐ Addition

TITLE P  
NAME FUSCO, JOHN  
STREET ADDRESS 1821 S COAST HWY  
CITY-ST-ZIP OCEANSIDE CA

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 525 BYRON RD  
3.4 CITY-ST-ZIP WINTERPARK FL 32792

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 a address.

SIGNATURE:

*[Signature]*

2/3/97

CR2E034 (9/96)