

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

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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **309 Belcher Rd N.**

Suite, Apt. #, etc.

22 **Clearwater**

City & State

23 **FL**

Zip

24 **Pinellas**

Country

25 **Pinellas**

City & State

26 **FL**

Zip

27 **Pinellas**

Country

28 **Pinellas**

City & State

29 **FL**

Zip

30 **Pinellas**

Country

31 **Pinellas**

City & State

32 **FL**

Zip

33 **Pinellas**

Country

34 **Pinellas**

City & State

35 **FL**

Zip

36 **Pinellas**

Country

37 **Pinellas**

City & State

38 **FL**

Zip

39 **Pinellas**

Country

40 **Pinellas**

City & State

41 **FL**

Zip

42 **Pinellas**

Country

43 **Pinellas**

City & State

44 **FL**

Zip

45 **Pinellas**

Country

9. Name and Address of Current Registered Agent

**HASLER, DANA
24641 U.S. 19 NORTH
STE 430
CLEARWATER FL 34623**

new

10. Name and Address of New Registered Agent

81 Name **Dana Hasler**
82 Street Address (P.O. Box Number is Not Acceptable)
309 Belcher Rd. North
83
84 City **Clearwater** FL 85 Zip Code **33765**

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 **Dana Hasler** **Dana Hasler** **Administrator** **3-19-98**

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 **CD** ☐ DELETE

NAME **MOELLER, PETER**
STREET ADDRESS **525 BYRON RD**
CITY-ST-ZIP **WINTERPARK FL**

TITLE **P** ☐ DELETE

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

TITLE **STD** ☐ DELETE

NAME **MOELLER, LAURA**
STREET ADDRESS **525 BYRON RD**
CITY-ST-ZIP **WINTERPARK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☒ Change ☐ Addition

12 NAME **Moeller Peter**
13 STREET ADDRESS **525 Byron Rd**
14 CITY-ST-ZIP **Winter Park FL**

21 TITLE **V-P Operations** ☒ Change ☐ Addition

22 NAME **Fusco, John**
23 STREET ADDRESS **1821 S Coast Hwy**
24 CITY-ST-ZIP **Ocean Side CA**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 an address.

SIGNATURE **John Fusco**

3-25-98 813-796-7676

CR2E034 (10/97)