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 # F95000000492 (7)

1. Corporation Name
~~FAXJET, INC.~~--- Network One Incorporated
(Name change already filed) N/C 1-3-96 SG.

Principal Place of Business	Mailing Address
9485 REGENCY SQUARE BLVD., STE. 520 JACKSONVILLE FL 32256	9485 REGENCY SQUARE BLVD., STE. 520 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 8160 BAYMEADOWS WAY WEST	26 8160 BAYMEADOWS WAY WEST
Suite, Apt. #, etc. 22 SUITE 220	Suite, Apt. #, etc. 27 SUITE 220
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32256 — Country 25 USA	Zip 29 32256 — Country 30 USA

4. FEI Number: ~~APPLIED FOR~~ 59-3290740 — 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: XX Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	D — XX Change ☐ Addition
NAME	MEADOW, WILLIAM D	1.2 NAME	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 520	1.3 STREET ADDRESS	8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	C ☐ DELETE	2.1 TITLE	D — XX Change ☐ Addition
NAME	NEVO, DORON	2.2 NAME	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 520	2.3 STREET ADDRESS	8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D ☐ DELETE	3.1 TITLE	C — XX Change ☐ Addition
NAME	LAISER, MAIR	3.2 NAME	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 520	3.3 STREET ADDRESS	8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DS ☐ DELETE	4.1 TITLE	XX Change ☐ Addition
NAME	KENNEDY, J.R.	4.2 NAME	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 520	4.3 STREET ADDRESS	8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V ☐ DELETE	5.1 TITLE	XX Change ☐ Addition
NAME	LEE, WARREN S	5.2 NAME	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 520	5.3 STREET ADDRESS	8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☐ DELETE	6.1 TITLE	D — ☐ Change XX Addition
NAME		6.2 NAME	KRUEGER, HARVEY
STREET ADDRESS		6.3 STREET ADDRESS	8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256

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: ______ 5/1/96 — 904-730-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
WARREN S. LEE

CR2E034 (12/95)