

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

FILED

Jan 24 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 # F96000003375 (0)

1. Corporation Name  
NETWORKS/COTTONDALE INC.



Principal Place of Business  
6888 MINK HOLLOW ROAD  
HIGHLAND MD 20777

Mailing Address  
6888 MINK HOLLOW ROAD  
HIGHLAND MD 20777-9786

3. Date Incorporated or Qualified 07/03/1996	3a. Date of Last Report
4. FEI Number 52-1219626	Applied For 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	

2. Principal Place of Business 21 1360 Jamaica Dr Suite, Apt. #, etc. 22 Sanibel, FL City & State 23 Sanibel, FL Zip 24 33957 Country 25 USA	2a. Mailing Address 26 1360 Jamaica Dr Suite, Apt. #, etc. 27 City & State 28 Sanibel, FL Zip 29 33957 Country 30 USA
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9. Name and Address of Current Registered Agent THEISS, HAROLD L 1356 TAHITI DRIVE SANIBEL FL 33957	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Harold L Theiss* (NOTE: Registered Agent's signature required when reinstating) DATE: 1/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISS, NOLA E	1.2 NAME	
STREET ADDRESS	6888 MINK HOLLOW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND MD 20777	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISS, HAROLD H	2.2 NAME	
STREET ADDRESS	1356 TAHITI DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 or changed, or on an attachment with an address.

SIGNATURE: *Harold L Theiss* DATE: 1/14/97 (941) 395-1737

CR2E034 (9/96)