

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 28 1998 8:00am  
Secretary of State

DOCUMENT # **F96000004288 (4)**

1. Corporation Name

**MYRIAD NETWORK SERVICE, INC.**

Principal Place of Business

**10460 ROOSEVELT BLVD., STE 141  
ST PETERSBURG FL 33716**

Mailing Address

**10460 ROOSEVELT BLVD., STE 141  
ST PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1996**

4. FEI Number

**22-3346064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**CAMMICK, PETER A  
10460 ROOSEVELT BLVD., STE 141  
ST PETERSBURG FL 33716**

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

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 **PCD** ☐ DELETE  
NAME **LABONIA, FRANK**  
STREET ADDRESS **144 N BEVERWYCK ROAD, STE 140**  
CITY-ST-ZIP **LAKE HIAWATHA NJ**

TITLE **VTD** ☐ DELETE  
NAME **CAMMICK, PETER**  
STREET ADDRESS **2430 COFFEE POT BLVD, NE**  
CITY-ST-ZIP **ST PETERSBURG 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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: **Peter A. Cammick**

**7/1/98 812-510-7100**

CR2E034 (5/98)



July 6, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the 1998 Annual Report for Myriad Network Service, Inc. For some reason Myriad Network Service, Inc. did not receive the Annual Report form from the Department of State at the beginning of the year as we should have. The report you just submitted is marked as a "Second Notice" even though this was our first notice.

The report has been completed and the "regular" filing fee of \$150.00 has been enclosed. I do not know why we never received the first package. You may want to investigate this.

If you have any questions regarding the return please feel free to call me at the numbers below.

Regards,

Peter A. Cammick

Myriad's Customer Services  
•Network Implementation Mgmt  
•Staging  
•Network Integration  
•Installation  
•System Maintenance  
•24-hour Network Response Desk  
•24-hour Technical Competence Ctr  
•Parts Provisioning and Repair  
•Staffing Resources  
•Project Management  
•Customized Services  
•Remote Monitoring Service (RMS)  
•WRTCHDDG® PAM (RMS)

Myriad Network Service  
Sales and Marketing  
144 N. Beverwyck Road #140  
Lake Hiawatha, NJ 07034  
Phone: 973-299-8861  
Facsimile: 973-299-9846

Service and Operations  
4912 Creekside Drive  
Clearwater, FL 33760  
Phone: 813-571-3226  
Facsimile: 813-571-3805

Visit our web site:  
<http://www.myriadns.com>

FC16-4288

2