


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 12 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 # F96000005133 (1) 1. Corporation Name PICKNET, INC.		



Principal Place of Business 189 BERDAN AVE #171 WAYNE NJ 07470	Mailing Address 189 BERDAN AVE #171 WAYNE NJ 07470
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1996		3a. Date of Last Report	
4. FEI Number 22-3438713		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 155 ROUTE 46 WEST Suite, Apt. #, etc. 22 3RD FLOOR City & State 23 WAYNE, NJ Zip 24 07470		2a. Mailing Address 26 155 ROUTE 46 WEST Suite, Apt. #, etc. 27 3RD FLOOR City & State 28 WAYNE, NJ Zip 29 07470		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT - V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIVA, DIEGO	1.2 NAME	KAREN M. QUINN
STREET ADDRESS	99 CHEYENNE WAY	1.3 STREET ADDRESS	5535 NETHERLAND AVE
CITY-ST-ZIP	WAYNE NJ 07470	1.4 CITY-ST-ZIP	BRONX, NY 10470
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIVA, DIEGO	2.2 NAME	MARILYN C. HALVORSEN
STREET ADDRESS	99 CHEYENNE WAY	2.3 STREET ADDRESS	145 MARILYN DRIVE
CITY-ST-ZIP	WAYNE NJ 07470	2.4 CITY-ST-ZIP	BRICK, NJ 08723
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, RAYMOND	3.2 NAME	ROBERT R. SAMS
STREET ADDRESS	139 W LAKE SHORE DR	3.3 STREET ADDRESS	WOODMANS FARM, PERRYMAN'S LANE
CITY-ST-ZIP	ROCKAWAY NJ 07868	3.4 CITY-ST-ZIP	BURWASH, E. SUSSEX TN 1970N ENGLAND
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARANON, RICARDO	4.2 NAME	
STREET ADDRESS	1400 STILLWATER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33141	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, GREG	5.2 NAME	
STREET ADDRESS	775 PASSAIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W CALDWELL NJ 07008	5.4 CITY-ST-ZIP	
TITLE	CFOT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSSEN, KARL R	6.2 NAME	
STREET ADDRESS	16 FRANKLIN PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ROCK NJ 07452	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, if changed, or on an attachment with an address.

SIGNATURE _____ DATE **7/28/97** **201-812-7425**

CR2E034 (4/97)