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Feb 07 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 # **G96918** (9)

1. Corporation Name
NETWORK FINANCIAL CORPORATION

Principal Place of Business

**1489 W PALMETTO PARK RD
#300
BOCA RATON FL 33486
US**

Mailing Address

**1489 W PALMETTO PARK RD
#300
BOCA RATON FL 33486-3398
US**

3. Date Incorporated or Qualified

04/19/1984

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2417681

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**ZEDECK, LEONARD E. ESQ.
1820 N.E. 163RD STREET
P.O. BOX 800429
NORTH MIAMI BEACH FL**

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	PO	<input type="checkbox"/> DELETE
NAME	GRISWOLD, CARL F.	
STREET ADDRESS	1489 W PALMETTO PARK RD, #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	ZEDECK, MURRAY	
STREET ADDRESS	1489 W PALMETTO PARK RD, #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEDECK, LEONARD E.	
STREET ADDRESS	1820 NE 163RD STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, STANLEY S.	
STREET ADDRESS	1489 W PALMETTO PARK RD, #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIMES, WILLIAM E.	
STREET ADDRESS	1489 W PALMETTO PARK RD, #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPPMAN, FRED	
STREET ADDRESS	1489 W PALMETTO PARK RD, #300	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL F. GRISWOLD, PRES. 1/16/97 561-347-0007

Date

Daytime Phone #

CR2E034 (9/96)

Additional Directors to be added to Block 12 for Network Financial Corporation Document #G96918 (9):

D

Rosen, Harry M.
1489 W. Palmetto Park Rd. #300
Boca Raton, FL 33486

D

Roth, Seymour
1489 W. Palmetto Park Rd. #300
Boca Raton, FL 33486

D

Tupler, Austin W.
1489 W. Palmetto Park Rd. #300
Boca Raton, FL 33486