

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96918

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
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

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

81 Name

Laurence Meyerson

82

Street Address (P.O. Box Number is Not Acceptable)

83

1221 Brickell Avenue, Suite 600

84

City
Miami

85

Zip Code
FL 33131

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)

1/27/99
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRISWOLD, CARL F. | |
| STREET ADDRESS | 1489 W PALMETTO PARK RD, #300 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | SDT | <input checked="" type="checkbox"/> DELETE |
| NAME | ZEDECK, MURRAY | |
| STREET ADDRESS | 1489 W PALMETTO PARK RD, #300 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ZEDECK, LEONARD E. | |
| STREET ADDRESS | 1820 NE 163RD STREET | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LANE, STANLEY S. | |
| STREET ADDRESS | 1489 W PALMETTO PARK RD, #300 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HIMES, WILLIAM E. | |
| STREET ADDRESS | 1489 W PALMETTO PARK RD, #300 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" 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 | President, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Roy D. Tanis | |
| 13 STREET ADDRESS | 1221 Brickell Avenue, Suite 600 | |
| 14 CITY-ST-ZIP | Miami, Florida 33131 | |
| 21 TITLE | Secretary, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Timothy E. Kish | |
| 23 STREET ADDRESS | 1221 Brickell Avenue, Suite 600 | |
| 24 CITY-ST-ZIP | Miami, Florida 33131 | |
| 31 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Barbara Grattan | |
| 33 STREET ADDRESS | 1221 Brickell Avenue, Suite 600 | |
| 34 CITY-ST-ZIP | Miami, Florida 33131 | |
| 41 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Lucious T. Harris | |
| 43 STREET ADDRESS | 1221 Brickell Avenue, Suite 600 | |
| 44 CITY-ST-ZIP | Miami, Florida 33131 | |
| 51 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Javier J. Holtz | |
| 53 STREET ADDRESS | 1221 Brickell Avenue, Suite 600 | |
| 54 CITY-ST-ZIP | Miami, Florida 33131 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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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, with all other like empowered.

SIGNATURE: Roy D. Tanis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/27/99 Daytime Phone: (305) 536-1500

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 121952 4303929

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pignatelli

ORDER DATE : February 3, 1999

ORDER TIME : 10:37 AM

ORDER NO. : 121952-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Yolanda Rodriguez
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

RECEIVED
99 FEB -3 AM 11:27
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: NETWORK FINANCIAL
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS:

JB
2-3-99

2082