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May 15 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 # **H45399** **(3)**

1. Corporation Name
REFERRAL NETWORK, INC.

Principal Place of Business	Mailing Address
C/O L. BRACKEN 27271 LAS RAMBLAS MISSION VIEJO CA 92691-3310	C/O L. BRACKEN 27271 LAS RAMBLAS MISSION VIEJO CA 92691-6386

3. Date Incorporated or Qualified: 03/04/1985
3a. Date of Last Report: 04/28/1996

2. Principal Place of Business
21 27271 Las Ramblas
Suite, Apt. #, etc.
22 Attn: Gino Bruno
City & State
23 Mission Viejo, CA
Zip 24 92691 Country 25 USA

2a. Mailing Address
26 27271 Las Ramblas
Suite, Apt. #, etc.
27 Attn: Gino Bruno
City & State
28 Mission Viejo, CA
Zip 29 92691 Country 30 USA

4. FEI Number: 59-2541359 ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, ANTHONY		1.2 NAME		
STREET ADDRESS	27271 LAS RAMBLAS		1.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, JACE		2.2 NAME		
STREET ADDRESS	27271 LAS RAMBLAS		2.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE	Secretary - Director	☒ Change ☐ Addition
NAME	BLACKBURN, GREGORY V.		3.2 NAME		
STREET ADDRESS	27271 LAS RAMBLAS		3.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		3.4 CITY-ST-ZIP		
TITLE	DVT	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	HALL, SLADEN W.		4.2 NAME	Tade Vollmann	
STREET ADDRESS	27271 LAS RAMBLAS		4.3 STREET ADDRESS	27271 Las Ramblas	
CITY-ST-ZIP	MISSION VIEJO CA		4.4 CITY-ST-ZIP	Mission Viejo, CA 92691	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROMITO, LARRY		5.2 NAME		
STREET ADDRESS	27271 LAS RAMBLAS		5.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHALSKI, THOMAS		6.2 NAME		
STREET ADDRESS	27271 LAS RAMBLAS		6.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] Tade Vollmann, Treasurer 4/23/97 714/367-