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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

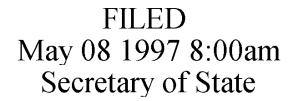
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H89354

NEURONET INC.

(5)

Principal Place of Business Mailing Address





627 NE 17 AVE. FT. LAUDERDALE FL 33304		627 NE 17 AVE. FT. LAUDERDALE FL 33304-3488								
							3. Date Incorporated or Qualified 12/11/1985		e of Last 1/1996	
2. Principal P	lace of Business	2a. /	Mailing Address				4. FEI Number			Applied For
21		26				·	59-2627984			lot Applicable
Suite, Apt. #, etc 22		27	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	Additional Required			
City & Stat		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zıp 24	Country 25	29	Zφ	30 Co	untry			Yes 🗀	No	s. 199.032,
	9. Name and Address of Cur	rent Registe	red Agent		1_		10. Name and Address of New Re	gistered A	gent	
	WE, NANCY WAEGEL				81	Name				
	NE 17TH AVENUE LAUDERDALE FL 33304				82 83		dress (P.O. Box Number is Not Acceptab	le)		
					63					
					84			FL		Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accopt the ob-	0502 and 601 ate of Florida digations of,	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	tes, the a authoriza orida Sta	abov ed by atute:	e-named cor y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of o t the appo	changing intment a	its registered s registered
SIGNATURE		···								
12.	Signature, typed or printed name of registered	agent and title if		TE Register		ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND I	DIRECTO	IRS IN 12
TITLE	PD	MIND DINEOR	DELETE		TITLE		ADDITIONO/OFFANGES TO OFFIC		Change	
NAME	ROWE, NANCY				NAME			•		7.20.70
STREET ADDRESS	627 NE 17 AVE.			1		ADDRESS				
CiTY+ST-ZIP	FT. LAUDERDALE FL		•		CITY-5					
TITLE			DELETE		TITLE				Change	Addition
NAME				22	NAME	1				
STREET ADDRESS				2.3	STAEET	ADDRESS				
CHY-ST-ZIP				2.4	Ć(TY -	ST-ZIP				
TOLLE			DELETE	3.1	TITLE				Change	Addition
NAME				3.2	NAME					
STREET ADDRESS				3.3	STAEET	ADDRESS				
CITY-S1-7IP				3.4.	CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
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NAME				4. 2	NAME					
STREET ADDRESS						ADDRESS	•			
CITY-ST-2IP	ļ	·	briefe		CITY-S	ST-ZIP			Change	1 I delilion
TITLE			DELETE	1	TITLE			L	Change	Addition
NAME					NAME		•			
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP THILE	<u> </u>		DELETE		CITY-S TITLE	ot-ZIP			Change	Addition
			L. DCEET				•	,	Augulu	ריין אטטונוטוי
NAME	}				NAME OTOGO	(4000000				
STREET ADDRESS				- 1		ADDRESS				
CITY-ST-ZIP	L			6.4	CiTY-5	SI-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.

NANCY W. ROWE. PRESIDENT NANCY W. ROWE, PRESIDENT

4/23/97

(954) 524-4251

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