## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

J23455

(5)

**NETWORK MARKETING CONCEPTS, INC.** 

Principal Place of Business Mailing Address					FIRMA BALL MIÐRA MIÐRA MAMAR	ALARI ETON DION 1001	
117 RED SKY COURT LAKE MARY FL 32746		117 RED SKY COURT LAKE MARY FL 32746					
					3. Date Incorporated or Qualified 07/10/1986	3a. Date of Last 04/07/	
h		2a. Mailing Address	. Mailing Address		PO COLFOLA		Applied For
<del></del>		26			59-2815814   Not Applica   \$8.75 Additiona		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	<b>5</b> Additional e Required
City & State		City & State	Oity & State		Election Campaign Financing \$5.00 May Re		
23		28	<u> </u>		Trust Fund Contribution Added to Fees		
Zip	Country	Zip			8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 30		0]		Florida Statutes Statutes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	i Hegistereo Agent	81	Name	10, Name and Address of New I	registered Agent	
PASE	GARY I						
RASER, GARY J 117 RED SKY COURT			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
LAKE MARY FL 32746			83	<u> </u>	<del>-</del>		
			84	City		Total Total	Zip Code
		. / /	1	· '		<b>1-1</b> 1 1	•
11. Pursuant to	o the provisions of Sections 607,059	and 507.1508, Florida Statutes,	the above-	named corpo	oration submits this statement for the puard of directors. I hereby accept the app	rpose of changing its	registered office
familiar wit	n, and accept the oblightens of, Soct	ion 607.0505 Florida Statutes.	by the corp	orallon a bor		2. 9/	so again. Fam
SIGNATURE _	Signature Lond or print in name i registe of agent		e barası		red wher reinstating)	-30-96	
12.	OFFICERS AN		13.	n signature requir	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	TORS IN 12
TITLE	PD	[] DELETE	1. 1 TITLE	I		Change	
NAME	RASER, GARY J		1.2 NAME				
STREET ADDRESS	117 RED SKY COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 C(TY+	S7 - ZIP			
TITLE	ST DELETE		2 1 1IILE			Chang	e 🔲 Addition
NAME	RASER, ELENI M 117 RED SKY COURT		2 2 NAME				
STREET ADDRESS	LAKE MARY FL 32746		2.3 STREET ADORESS				
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NAME .		<b>L</b>	3.2 NAME				
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			3.4 CHTY-	ST - ZIP			
TITLE	[] DELETE		4. 1 TITLE		Change Ado		e 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	T DELETE		4.4 CilY-: 5.1 TifLE	ST - 7:P	☐ Change ☐ Ad		e 🖂 Addition
NAME		[] otten	5 2 NAME				, [] Addition
STREET ADDRESS				FADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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NAME			6 2 NAME				
STREET ADDRESS	is		6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -			07/01/	
14. I do hereb certify that cath; that appears in	y certify that the information supplied the information indicated on this minuted I am an officer or director of the corpo Block 12 or Block 13 if changed, or	with the hing is voluntarily furnish ball report or supplemental annual patien or the receiver or trustee c or an attachment with an addres	ied and doe Freport is tr empowered is	es not qualify ue and accur to execute to	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	n.০7(৪)(৪), Florida Sta e same legal effect a: florida Statutes; and	tutes. I further s if made under that my name

SIGNATURE!

ATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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