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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

J44206

(7)

NETWORK BUSINESS SOLUTIONS, INC.

FILED Mar 03 1998 8:00am Secretary of State

METATORIX DOGINEOU GOLOTIONO, MO								
Principal Place of 8	Business	Mailing Address					311 01013 01011 01511 1001	
,		8623 REGENCY PARK BLVD.						
B623 REGENCY PARK BLVD. PORT RICHEY FL 34668		PORT RICHEY FL 34668						
US		U\$				DO NOT WRITE IN THIS SE	PACE	
						3. Date Incorporated or Qualified		
						11/20/1986		
2. Principal Place	of Business	2a. Mailing Addre	\$8			4. FEI Number	Applied For	
21		26		59-2748315	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State						
L		City & State		Bection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip Country		11901197100011010017				
24 24	<u> </u>	29	30			8. This corporation owes or has paid the curre Personal Property Tax due June 30.	Yes X No	
	25   Name and Address of Curren		30			10. Name and Address of New Registered A		
		. riogista a rigani		81	Name			
	SI, MICHAEL V							
7326 PURSLEY DR NEW PORT RICHEY FL 34653				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
NEW PL	UHI RIUMET PL 34003			83				
				84	City	FL	85 Zip Code	
11 Purcuant to the	n provisions of Sections 607 050	2 and 607 1508 Florida	e Statutes 1	the above	a-named corn		changing its registered	
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 SIGNAT	ture, typed or printed name of registered agr	aldeologe it all those tee	(NOTE: Ba	rietered Ana	nt signature regula	ed when reinstating) DATE		
12.	OFFICERS AN		(NOTE: NO	13.	and	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE P	OTT TO ETTO THE	DEL	ETE	1.1 TITLE			Change Addition	
	DDESSI, MICHAEL V.			1.2 NAME				
	326 PURSLEY DR			1.3 STREET	ADORESS			
	EW PORT RICHEY FL			1.4 CITY-S	1			
	PD	DEL	ETE	2.1 TITLE	<del></del>		Change Addition	
1 ' '	DDESSI, LOUIS			2.2 NAME				
	4 WEST COURT DRIVE			2.3 STREET	ADDRESS			
	ENTERREACH NY			2.4 CITY-S		• •		
	TD	☐ DEL	ETE	3.1 TITLE			Change Addition	
1 '	DDESSI, GIOVANNA			3.2 NAME	1			
				J.C INNINE	i			
	4 WEST COURT DRIVE			3.3 STREET	ADDRESS			
TITLE	4 WEST COURT DRIVE ENTEREACH NY							
	ENTEREACH NY	☐ DEU	ETE	3.3 STREET			☐ Change ☐ Addition	
NAME		☐ DEU	ETE	3.3 STREET 3.4. CITY+S 4.1 TITLE			Change Addition	
NAME Street address		☐ DEU	ETE	3.3 STREET 3.4. City-S	ST - ZIP		Change Addition	
STREET ADDRESS		☐ DEU	ETE	3.3 STREET 3.4. CITY - S 4.1 TITLE 4.2 NAME	ADDRESS		☐ Change ☐ Addition	
		☐ DEU		3.3 STREET 3.4. CITY - S 4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS		Change Addition	
STREET ADDRESS CITY-ST-ZIP		_		3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_		3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_		3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	ETE	3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DEL	ETE	3.3 STREET 3.4. City-S 4.1 Title 4.2 NAME 4.3 STREET 4.4 City-S 5.1 Title 5.2 NAME 5.3 STREET 5.4 City-Si	ADDRESS T-ZIP  ADDRESS ADDRESS		Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DEL	ETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI 6.1 TITLE	ADDRESS T-ZIP  ADDRESS ADDRESS 1-ZIP		Change Addition	

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.

-----

14-91