

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90055 030 ***150.00

DOCUMENT # K37342

1. Corporation Name

NETWORK TRADING, CORP.

Principal Place of Business

9901 N.W. 106TH ST.
~~4316 N.W. 70TH AVENUE~~
MEDLEY FL 33178
US

Mailing Address

C/O MICHAEL MAREVICH
5011 FIRESTONE PL.
SOUTH GATE CA 90280
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1988

4. FEI Number

65-0077574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

REYES, LUIS F.
9901 N.W. 106TH ST.
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name

JOHN CLARKE

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

9901 N.W. 106th ST.

83

84 City

MEDLEY

FL

85 Zip Code

33178

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)

1-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME ~~REYES, LUIS F.~~
STREET ADDRESS 9901 N.W. 106TH ST.
CITY-ST-ZIP MEDLEY FL

TITLE P ☐ DELETE

NAME GRANTHAM, PAUL C
STREET ADDRESS 5011 FIRESTONE PLACE
CITY-ST-ZIP SOUTH GATE CA

TITLE ST ☐ DELETE

NAME MAREVICH, MICHAEL
STREET ADDRESS 1855 ROSE AVE.
CITY-ST-ZIP SAN MARINO CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

JOHN CLARKE

9901 N.W. 106th ST.

MEDLEY FL 33178

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (323) 563-7761

Date

Daytime Phone #

CR2E034 (1/198)