

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N9500000816 (7)

1. Corporation Name
 IT'S OUR BUSINESS NETWORK, INC.



Principal Place of Business: 1520-160 ROYAL PALM SQUARE BLVD. FORT MYERS FL 33919
 Mailing Address: 1520-160 ROYAL PALM SQUARE BLVD. FORT MYERS FL 33919

3. Date Incorporated or Qualified: 02/20/1995
 3a. Date of Last Report

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

4. FEI Number: 65-0556918
 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
 7. Trust Fund Contribution:
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 LEWIS, ROBERT B
 1520-160 ROYAL PALM SQUARE
 FORT MYERS FL 33919

10. Name and Address of New Registered Agent
 81. Name: Nancy L Starr
 82. Street Address (P.O. Box Number is Not Acceptable): 2012 SW 8th Court
 83.
 84. City: Cape Coral FL
 85. Zip Code: 33991

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Nancy L Starr* (Signature) *Nancy L Starr* (Printed Name) *July 19, 1996* (Date)
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, ROBERT R	
STREET ADDRESS	1520-160 ROYAL PALM SQUARE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PIATT, MEREDITH S	
STREET ADDRESS	2040 VIRGINIA AVE.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDD, KIMBERLY	
STREET ADDRESS	8779 EXTER ST.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RICE, DALE	
STREET ADDRESS	% 1520-160 ROYAL PALM SQUARE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Caswell, Roger	
1.3 STREET ADDRESS	7310 College Pkwy	
1.4 CITY-ST-ZIP	fort Myers FL 33907	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Starr, Nancy L.	
2.3 STREET ADDRESS	2012 SW 8th Court	
2.4 CITY-ST-ZIP	Cape Coral FL 33991	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rich, Christine	
3.3 STREET ADDRESS	1520-160 Royal Palm Square Blvd	
3.4 CITY-ST-ZIP	fort Myers FL 33919	
4.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Steinborn, Larry	
4.3 STREET ADDRESS	6325 Presidential Court, Unit 7-A	
4.4 CITY-ST-ZIP	fort Myers FL 33919	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy L Starr* (Signature) *Nancy L Starr* (Printed Name) *July 19, 1996* (Date) *941-5746189* (Daytime Phone #)

CR2E037 (3/96)