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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000816 (7)

1. Corporation Name

IT'S OUR BUSINESS NETWORK, INC.



Principal Place of Business

Mailing Address

1520-160 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

P.O. BOX 07075
FORT MYERS FL 33919-0051
US

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0556918

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARR, NANCY L.
2012 SW 8TH COURT
CAPE CORAL FL 33991

81 Name

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

83

84 City

FL

85 Zip Code

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 Nancy L. Starr

April 11, 1997

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME CASWELL, ROGER
STREET ADDRESS 7310 COLLEGE PKWY
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT DELETE
NAME STARR, NANCY
STREET ADDRESS 2012 SW 8TH COURT
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS DELETE
NAME RICH, CHRISTINE
STREET ADDRESS 1520-160 ROYAL PALM SQUARE BLVD
CITY-ST-ZIP FORT MYERS FL

3.1 TITLE Change Addition
3.2 NAME *DS Caswell, Terrie*
3.3 STREET ADDRESS *1383 Vector Ave, Suite 104*
3.4 CITY-ST-ZIP *fort Myers FL 33907*

TITLE DD DELETE
NAME STEINBORN, LARRY
STREET ADDRESS 6325 PRESIDENTIAL COURT UNIT 7A
CITY-ST-ZIP FORT MYERS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1997

Daytime Phone # 0055527

CR2E037 (9/96)