FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N95000004568 (0)

CMCDVA	DDANCO	NFTWORK.	IMIC
TNER(1)	DRUKER	INFINALINA.	HWG 2.

Principal Place of Business Mailing Address											
SUITE 100 S			SUITE 1	O STREET 100 FL 33609							
			TOMES	12 0000				3. Date Incorporated or Qualified 09/25/1995	3a. Date of	Last F	Report
	I Place of Busin	BSS	2a. Mailio	g Address				4. FEI Number		-	Applied For
21 Suito A	pt #, etc.		26 Suite	Apt. #, etc.				59-3343416			Not Applicable
22	·		27					Certificate of Status Desired			Additional Required
City & S 23	itate		City 8	State				Election Campaign Financing Trust Fund Contribution	1 1	•	May Be I to Fees
Zip		Country	Žιρ		Countr	/		8. This corporation has liability for in		der s.	199.032,
24		25	29		30			l	Yes XXNo		
	9. Name	and Address of Cu	rrent Registered	Agent	81			10. Name and Address of New Re	gistered Agei	<u>)t</u>	
					61	l N	ame				
WILE'S	y, j k Xeo street				82	Si	treet Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE					83	 					
· TAMP	A FL 33609				84	c	ity		FL 8	5 Zip	Code
11 Dureus	ant to the oronici	ions of Sections 617 (3502 and 617 1509	Florida Statuto	e the shove	Darri	ad cornorat	ion submits this statement for the purp		a ite re	agistared office
or regi:	stered agent, or	both, in the State of lipt the obligations of,	Florida. Such chang	ge was authorize	d by the con	oorat	ion's board	of directors. I hereby accept the appoi	ntment as regis	stered :	agent. I am
SIGNATUR		or printed name of registered.	and the second second second		E. Registered Age			has a sold the at	DATE		
12.	orginatore, typeo		AND DIRECTORS		13.	i i. sigi	a.ure requires r	ADDITIONS/CHANGES TO OFFIC		ECTO	RS IN 12
TITLE				DELETE	1.1 TITLE		C	Έ/Τ τ.	Cr		☆ Addition
NAME					1.2 NAME			uthwick, Henry X.			
STREET ADDRE	ss				1.3 STREE	T ADD		01 34th Street South	1		
CITY-ST-ZIP					1.4 CITY -	ST-ZII		. Petersburg FL 3371			
TITLE				DELETE	2 1 TITLE		D/	Ť	□ c•	iange	Addition
NAME					2 2 NAME			dulla, Richard J.			
STREET ADDRE	SS				2 3 STREE	T ADO		313 N. Dale Mabry Hi	.ghway		
CITY-ST-ZIP					2. 4 CiTY	SI-Z		mpa FL 33618			
TITLE	{			DELETE	3 1 11116	•	. T	Misses Debest G	☐ Cr	ange	X Addition
NAME					3.2 NAME			lliams, Robert C. Ol Lake Ellenor Driv			
STREET ADDRE	ss				3 3 STREE				æ		
CITY-ST-ZIP TITLE				DELETE	3.4 CITY:	51-21		lando FL 32809	□ Ct	nanne	Addition
NAME				Постеть	4. 2 NAME			ivera, Armando J.		ange	(C)
STREET ADORE	ce				4.3 STREE			50 West Flagler			
CITY-ST-ZIP	33				4.4 CITY -			ami FL 33174			
TITLE				DELETE	5.1 TITLE	U1 211	1 ***	With 11 331/4	□ Cr	nange	☐ Addition
NAME				_	5.2 NAME				_		_
STREET ADDRE	ss				5 3 STREE		RESS				
CITY-ST-ZIP					5.4 CITY-						
TITLE				DELETE	61 TITLE			60000177	7896	ange	Addition
NAME					6.2 NAME			60000177 -04/12/960101	2028	-	a
STREET ADDRE	ss				6 3 STREE	r add	RESS	***61.25			4711-9
CITY-ST-ZIP					6.4 CHY-						<u>J.</u>
14 1 do he	archy cortify that	the information supr	lied with this filing is	voluntarily furni	shed and do	25 D.C	at qualify for	the exemption stated in Section 119.0	7(3)/k) Florida	Statute	es I further

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 cath; 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.

GNATURE:

| SIGNATURE AND TARSON BRITISE NUMBER OF SIGNATURE AND TARSON BRITISE NU

SIGNATURE: _

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (813)289-5644 Date Digitale Phone #