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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000024434 (1)

1. Corporation Name
FONET, INC.

Principal Place of Business
325 S GARDEN AVE
CLEARWATER FL 34616
US

Mailing Address
325 S GARDEN AVE
CLEARWATER FL 34616-5423
US



3. Date Incorporated or Qualified
03/31/1993

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIELDS, HARRY L
325 S GARDEN AVE
CLEARWATER FL 34616

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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, HARRY L	
STREET ADDRESS	325 S GARDEN AVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, LARRY R	
STREET ADDRESS	7 CIRCLE DR	
CITY - ST - ZIP	MT VERNON IL 62864	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HAERER, JANIS	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAERE, JANIS E	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIELDS, SHERRY	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHIELDS, DORIS	
STREET ADDRESS	7 CIRCLE DR.	
CITY - ST - ZIP	MT. VERNON IL	

1.1 TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Director, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		

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5/9/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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

SIGNATURE: *Sherry Shields* SHERRY SHIELDS

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 813 447-2466

CR2E034 (9/96)