SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000051181 (4)

INTERNATIONAL CORPORATION OF NETWORKING

Principal Place of Business		Mailing Address					r nagungar nie yerad ninn odnie odnie beret deret Enide vlade (1801 1868 1861 1861			
	3 DR NGS FL 33076	Ċ	866 NW 103 DR CORAL SPRINGS FL 33	1076						
US			US			3.	3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1993 04/21/1995			
2. Principal Pla	ice of Business	2a.	Mailing Address				4.	FEI Number		Applied For
21		26	_					65-0430474		Not Applicable
Suite, Apt. #	, etc		Suite, Apt. #, etc.							\$8.75 Additional
22		27					5.	Certificate of Status Desired		Fee Required
City & State			City & State		****		6.	Election Campaign Financing		\$5.00 May Be
23		28						Trust Fund Contribution		Added to Fees
Zip	Country		Zip	Cou	intry		8.	This corporation has liability for	intangible ta	x under s. 199.032,
24	25	29		30				Florida Statutes	Yes 🗌	No
	9. Name and Address of Curren	t Registe	ered Agent		Ĺ.,		10.	. Name and Address of New Re	gistered Ag	ent
PA.	MIS, EVELYN				81	Name				
	66 NW 103 DR				82	Street A	ddress (f	P.O. Box Number is Not Acceptab	nle)	
	PAL SPGS FL 33076					01100171	30.003 (.	T.O. Box Hamber to Her Hoopfal	,	
	FIVE SPOS I E 35070				B3					
					84					SE 7:0 Code
					84	City			FL	85 Zip Code
office or re agent I am SIGNATURE	o the provisions of Sections 607,050, gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida itions of, :	: Such change was a Section 607.0505, Flo	es, the ab uthorized orida Statu	ove- l by t utes	named co he corpoi	orporation ation's b	in submits this statement for the p noard of directors. Thereby accept	t the appoint	anging its registered ment as registered
	Signature, typed or printed name of registered age				d Agei	nt signature re		n reinstaling)	DATE	
12.	OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFICE	CERS AND D	·
TITLE	P		DELETE	111	TLE				L.	Change Addition
NAME	HERNANDEZ, EVELYN			1.2 N/	AME					
STREET ADDRESS	4866 NW 103 DR			1.3 ST	TREET	address				
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 Ci	17-5	r-ZiP				
TITLE	VP		□ DELE1E	2 1 TI	TLE	ŀ			L.	Change Addition
NAME	Andrews, Rhoda			22 N	AME	-				
STREET ADDRESS	4866 NW 103 DR			235	TREET	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL			240	ITY - \$	I - ZIP				
TITLE			DELETE	3111	TLE					Change Addition
NAME				32 N/	AME					
STREET ADDRESS				3351	TREET	ADDRESS				
CITY-ST-ZIP				3.4 C	HTY-S	F-ZIP				
TITLE			DELETE	4 1 TI	TLE					Change Addition
NAME				4. 2 N	AME					
STREET ADDRESS				435	TREE (ADDRESS				
CITY-ST-ZIP				4.4 CI	ITY-S	r-ZIP				
THLE			DELETE	511						Change Addition
NAME				5 2 N	AME					
STREET ADDRESS				535	TREET	ADDRESS				
CITY-ST-ZIP					ITY - S					
TITLE			DELETE	61 TI		11				Change Addition
NAME			L	6 2 N						
i 1						ADDRESS				
STREET ADDRESS				0.15	incel	פפוחחתי				

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's gnature shall have the same legal effect as if made under eath; 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. PANAL OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _Z

6/8/96 954-340-2168