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Mar 03 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 # P93000062458 (3)

1. Corporation Name

NETWORK BY DESIGN, INC.

Principal Place of Business

9858 GLADES RD.  
SUITE 152  
BOCA RATON FL 33434

Mailing Address

9858 GLADES RD.  
SUITE 152  
BOCA RATON FL 33434-3983

3. Date Incorporated or Qualified  
09/01/1993

3a. Date of Last Report  
07/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0443572

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

VENEGAS, LUIS N  
9858 GLADES RD.  
SUITE 152  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

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

TITLE P  
NAME CALVERT, JOHN W.W.  
STREET ADDRESS 9077-B BOCA GARDESN CIRCLE SOUTH  
CITY-ST-ZIP BOCA RATON FL 33498

DELETE

TITLE ST  
NAME VENEGAS, LUIS N  
STREET ADDRESS 6873 CALLE DEL PAZ N.  
CITY-ST-ZIP BOCA RATON FL 33433

DELETE

TITLE VP  
NAME WASIK, ROGER W  
STREET ADDRESS 5 BAYVIEW AVENUE  
CITY-ST-ZIP ENGLEWOOD CLIFF NJ 07632

DELETE

TITLE VP  
NAME HOGUE, TOM R  
STREET ADDRESS 6853 LAKE HILLS DR., APT. K  
CITY-ST-ZIP RALEIGH NC 27609

DELETE

TITLE D  
NAME HATINGS, RICHARD P  
STREET ADDRESS 24 DAWN LANE  
CITY-ST-ZIP RIDGEFIELD CT 06877

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Luis M Venegas* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

561-368-8698

Daytime Phone #

0318376

CR2E034 (9/96)