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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000088014 (4)

1. Corporation Name

NETWORK SPECIALTIES, INC.

Principal Place of Business

5802 E FOWLER AVENUE
1
TAMPA FL 33617
US

Mailing Address

5802 E FOWLER AVENUE
1
TAMPA FL 33617
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7402 N. 56th Street

445

City & State
23 Tampa, FL

Zip
24 33617

Country
25 USA

2a. Mailing Address
26 7402 N. 56th Street

Suite, Apt. #, etc.
27 445

City & State
28 Tampa, FL

Zip
29 33617

Country
30 USA

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

59-3216117

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FULLER, JEFFREY M
100 N. TAMPA ST.
SUITE 2650
TAMPA FL 33602

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME SANFORD, STANLEY H
STREET ADDRESS 507 GAY RD
CITY-ST-ZIP SEFFNER FL

TITLE P
NAME SUAREZ, DAVID S
STREET ADDRESS 2305 KNOLLWOOD PLACE
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE President
2.2 NAME Suarez, David S.
2.3 STREET ADDRESS 15350 Amberly Drive, #921
2.4 CITY-ST-ZIP Tampa, FL 33647

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

Stanley H. Sanford

Stanley H. Sanford 11/9/98 (813)989-0445

CR2E034 (10/97)