

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # P94000006879 (8)

1. Corporation Name

VIRTUAL NETWORK, INC.



Principal Place of Business

Mailing Address

6120 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

6120 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

02/07/1995

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

4. FEI Number

65-0494110

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

10. Name and Address of New Registered Agent

SCHIFINO, WILLIAM J
SCHIFINO & FLEISCHER P.A.
201 N. FRANKLIN ST., STE. 2700
TAMPA FL 33602

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
SCHIFINO, WILLIAM J
STREET ADDRESS
201 N. FRANKLIN ST., STE. 2700
CITY-ST-ZIP
TAMPA FL 33602

TD
SAUNDERS, NEIL D.
6120 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

1.2 TITLE ☒ DELETE

1.2 NAME ☐ Change ☐ Addition

NAME
SAUNDERS, NEIL D.
STREET ADDRESS
6120 GULF OF MEXICO DR.
CITY-ST-ZIP
LONGBOAT KEY FL

1.3 TITLE ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 TITLE ☐ DELETE

1.5 NAME ☐ Change ☐ Addition

1.6 TITLE ☐ DELETE

1.6 STREET ADDRESS ☐ Change ☐ Addition

1.7 TITLE ☐ DELETE

1.7 CITY-ST-ZIP ☐ Change ☐ Addition

1.8 TITLE ☐ DELETE

1.8 NAME ☐ Change ☐ Addition

1.9 TITLE ☐ DELETE

1.9 STREET ADDRESS ☐ Change ☐ Addition

1.10 TITLE ☐ DELETE

1.10 CITY-ST-ZIP ☐ Change ☐ Addition

1.11 TITLE ☐ DELETE

1.11 NAME ☐ Change ☐ Addition

1.12 TITLE ☐ DELETE

1.12 STREET ADDRESS ☐ Change ☐ Addition

1.13 TITLE ☐ DELETE

1.13 CITY-ST-ZIP ☐ Change ☐ Addition

1.14 TITLE ☐ DELETE

1.14 NAME ☐ Change ☐ Addition

1.15 TITLE ☐ DELETE

1.15 STREET ADDRESS ☐ Change ☐ Addition

1.16 TITLE ☐ DELETE

1.16 CITY-ST-ZIP ☐ Change ☐ Addition

1.17 TITLE ☐ DELETE

1.17 NAME ☐ Change ☐ Addition

1.18 TITLE ☐ DELETE

1.18 STREET ADDRESS ☐ Change ☐ Addition

1.19 TITLE ☐ DELETE

1.19 CITY-ST-ZIP ☐ Change ☐ Addition

1.20 TITLE ☐ DELETE

1.20 NAME ☐ Change ☐ Addition

1.21 TITLE ☐ DELETE

1.21 STREET ADDRESS ☐ Change ☐ Addition

1.22 TITLE ☐ DELETE

1.22 CITY-ST-ZIP ☐ Change ☐ Addition

1.23 TITLE ☐ DELETE

1.23 NAME ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

941-383-0934

Daytime Phone #

CR2E034 (12/95)