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Mar 07 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 # P94000006879 (8)

1. Corporation Name
VIRTUAL NETWORK, INC.

Principal Place of Business

~~6120 GULF OF MEXICO DR.
LONGBOAT KEY FL 34220~~
406 SARASOTA QUAY
SARASOTA, FL 34236

Mailing Address
~~210 LUND & RICHARDSON, P.A.
6120 GULF OF MEXICO DR.
LONGBOAT KEY FL 34220-1500~~
1001 N. WASHINGTON BLVD.
SARASOTA, FL 34236



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
01/27/1994

3a. Date of Last Report
01/26/1996

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

SCHIFINO, WILLIAM J
SCHIFINO & FLEISCHER P.A.
201 N. FRANKLIN ST., STE. 2700
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2785 DONALD ROSS DRIVE, EAST
1.4 CITY-ST-ZIP SARASOTA, FL 34240

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME C. D.
2.3 STREET ADDRESS DAVID JONES
2.4 CITY-ST-ZIP 767 JACKARANDA DR.
ANNA MARIA, FL 34246

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME P. D.
3.3 STREET ADDRESS JOHN WEINSTOCK
3.4 CITY-ST-ZIP 21 DAWN DR.
SOUTH WINDSOR, CN. 06074

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D.
4.3 STREET ADDRESS SENT WILLIAMS
4.4 CITY-ST-ZIP 6 BROAD STREET
LAGOS, NIGERIA

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D.
5.3 STREET ADDRESS JAMES SHEEHY
5.4 CITY-ST-ZIP 43 PONNER AVENUE
POINTE CLAIRE, QUEBEC, CANADA H9R-4W4

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

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: *John Weinstock* JOHN WEINSTOCK

Date 2/26/97 (941) 954-0008

CR2E034 (9/96)