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FILED
Apr 15 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 # P94000006879 (8)

1. Corporation Name

VIRTUAL NETWORK, INC.



Principal Place of Business

Mailing Address

406 SARASOTA QUAY
SARASOTA FL 34236
US

1001 N WASHINGTON BLVD
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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 Zip Country

29 Zip Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change

☐ Addition

NAME SAUNDERS, NEIL D
STREET ADDRESS 2785 DONALD ROSS DR E
CITY-ST-ZIP SARASOTA FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

34240

TITLE ☐ DELETE

2.1 TITLE

☒ Change

☐ Addition

NAME JONES, DAVID
STREET ADDRESS 767 JACKARANDA DR
CITY-ST-ZIP ANNA MARIA FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

407 73RD STREET
HOLMES BEACH, FL 34217

TITLE ☒ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME WEINSTOCK, JOHN
STREET ADDRESS 21 DAWN DR
CITY-ST-ZIP 60 WINDSOR CN

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME WILLIAMS, SENI
STREET ADDRESS 6 BROAD ST
CITY-ST-ZIP LAGOS NI

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☒ Change

☐ Addition

NAME SHEEMY, JAMES
STREET ADDRESS 43 PONNER AVE
CITY-ST-ZIP POINTE CLAIRE QU

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SHEEHY, JAMES

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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, 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:

3/2/98

(941) 954-0008

CR2E034 (10/97)