FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90088 040 ***150.00

DOCUMENT

1. Corporation Name

Network Discoveries, Inc.

556523 - 90088 - 40

Principal Place of Business

10124 Holcomb Ct.
Orlando, FL 32836

Mailing Address

PO Box 48
Windermere, FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
4-7-94

	2. Principal Place of Business		2a. Mailing Address	4. FEI Number		Applied For
21	10124 Holcomb Ct.	26	PO Box 48	59-3234601		Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐		**$8.75** Additional Fee Required
23	City & State Orlando, FL	28	City & State Windermere, FL	6. Election Campaign Financing ☐ Trust Fund Contribution		**$5.00** May Be Added to Fees
24	Zip 32836	25 USA	29 Zip 34786	30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
Law Firm of Lawrence J. Spiegel Chartered 343 Almeria Ave. Coral Gables, FL 33313 US	81 Name John P. Slone 82 Street Address (P.O. Box Number is Not Acceptable) 10124 Holcomb Ct. 83 84 City Orlando FL 85 Zip Code 32836	

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 _John P. Slone_ 5/12/99
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	President P/T/S/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	John P. Slone	1.2 NAME		
STREET ADDRESS	10124 Holcomb Ct.	1.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32836	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _John P. Slone President_ 5/12/99 407-352-9271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #