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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000050642 (5)

WEBSTER NETWORK STRATEGIES, INC.								e basinsar dia basik sida		ı Galaı Bişal Ağlıa i	Alihi Alain was saas	
Principal Place of Business Mai'ng Address									1 OBIEL OBIEL OBIEL	EBIĐI BIND BENJE I	90)(1 B1B4B (181 (188)	
2338 IMMOKALEE ROAD SUITE 172 NAPLES FL 33942-1445 2338 IMMOKALEE ROAD SUITE 172 NAPLES FL 33942-1445												
THE LEG I CONTENTS								3. Date incorporated or Qualified 07/08/1994		3a. Date of Last Report 04/28/1995		
	sce of Business 5th Aver	المرك بمين		Mailing Address	A. 10 - 11 a	South	<u>. </u>	4. FEI Number 65-0503270			Applied For Not Applicable	
Suite, Apt. 4	#, etc.	ine som	S	Suite, Apt. #, etc.	THEME				ninosi ca	\$8.7	75 Additional	
2 Suite 307			27 Suite 307					5. Certificate of Status De	esired X		e Required	
	Cily & State Naples FL			City & State 28 Nanles FL				Election Campaign Final Trust Fund Contribution			.00 May Be	
Zırı ■	i Co	ountry	Z	ip ip	Cour	ntry _		8. This corporation has lie	·		s 199.032.	
24 339		U.S.A		33940	30	u.s.	A.	Florida Statutes	Yes []	No		
	9, Name and A	ddress of Curren	t Register	red Agent		81 Name	0	10. Name and Address of	f New Regist	tered Agent		
LAW CIPIA OF LAWRENCE LANGUE OUR PERSON								CHAPD VIETS			······································	
343 ALMERIA AVENUE							Addres	s (P.O. Box Number is Not Ave	ACCEPTABLE)	South		
CORAL	GABLES FL 331	34			[1	B3 i	-	te 307				
					Ī	84 City				85	Zip Code	
11. Pursuant t	a the provisions of S	Sections 607.0502	and 607.1	1508, Florida Statu	ites, the abov	re-named o	Va oroorati	on submits this statement for	or the purpose	of changing its	33990 s registered office	
or register	ed agent, or both, in th, and accept the c	n the State of Florid	ia. Such d	hange was authori	zed by the co	orporation's	board	of directors. I hereby accept	the appointm	ent as registere	ed agent. I am	
SIGNATURE _	'Kula	ノンメン ト	10		Note: Registered	s. Pre	sid	ent	4	1/18/90	<u>,</u>	
12.	Signative, typed or printed	name of registered agent. OFFICERS AND			OTE: Registered #	Ager¶ signature r	required w	hen reinstating) ADDITIONS/CHANGES	{	DATE		
THTLE	P			DELETE	1.1 Tit	LĒ	T	·	10 011 1021	Change		
NAME	VIETS, RICHA				1.2 NAN	ME		- chara	_			
STREET ADDRESS		ALEE ROAD, SU	HTE 172		1.3 STR	EET ADDRESS	110					
CITY - \$T - ZIP TITLE	NAPLES FL 3	M942-1440		DELETE		Y-ST-ZIP	Na	ples FL 3	2440	Charac	A DESTA	
NAME	MOTES, DAV	ID G.		_ Deterie	2 1 TIT 2.2 NA			- •-		K Change	e 🗌 Addition	
STREET ADDRESS		ALEE RD, STE 1	72			EET ADDRESS	110	o 5th Avenu	c Sout	1		
CITY - ST - ZIP	NAPLES FL				2 4 CIT	Y - ST - ZIP	Na	des PL 33	940			
TITLE	CUADOCTE	MAVAIT D		☐ DELETE	3. 1 TIT		*	,	, , , , , , , , , , , , , , , , , , , ,	Change	e 🔲 Addition	
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CHY-ST-ZIP	NAPLES FL	ALLE NO, OIL				REET ADORESS Y-ST-ZIP			3940	- -		
TITLE				DELETE	4. 1 TIT		(**	PICO 1 - 2	<u> </u>	☐ Change	e 🔲 Addition	
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STREET ADDRESS					4.3 STR	EET ADDRESS						
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TITLE				DELETE	6 1 TIT		 			☐ Change	e Addition	
NAME					6.2 NAM	MΕ						
STREET ADDRESS					6.3 STR	EFT ADDRESS						
CITY - ST - 7IP					64 CITS	V_ ST_ 7IP	1					

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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 941/261-5503