FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058093 (3)**

1. Corporation Name
NETWORK ADVISORS, INC.

Principal Place of Business	Mailing Address
6602 66 WAY WEST PALM BEACH FL 33407	6602 66 WAY WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0512132 ☐ Applied For ☐ Not Applicable
21 333 SOUTHERN BLVD	26 333 SOUTHERN BLVD	
Suite, Apt. #, etc. 22 SUITE 401	Suite, Apt. #, etc. 27 SUITE #401	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33405 25 USA	Zip / Country 29 33405 30 USA	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
BROWN, MICHAEL D 2000 PALM BEACH LAKES BLVD SUITE 511 WEST PALM BEACH FL 33409	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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registering Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	~~PRESIDENT~~ PSD	☒ Change ☐ Addition
NAME	BABER, DAVID	12 NAME	BABER, DAVID	
STREET ADDRESS	~~6602 66 WAY~~	13 STREET ADDRESS	333 SOUTHERN BLVD #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	~~TD~~	21 TITLE	~~VICE PRESIDENT~~ VTD	☒ Change ☐ Addition
NAME	~~HINKEL, THOMAS~~	22 NAME	WINK, BRUCE M.	
STREET ADDRESS	6602 66 WAY	23 STREET ADDRESS	333 SOUTHERN BLVD #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	24 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ BRUCE M. WINK 4/12/95 407-833-2293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0249478 CP