## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

## 1006

	330							
DOCUMENT # P9400058093 (3) 1. Corporation Name								
NETWO	rk advisors, Inc.							
Principal Place o	of Business	Mailing Address			{	DOM DAIDI DILEI	UBAH UBHU I	DIOR IIII IORI
333 SOUTHERN		333 SOUTHERN BLVD.						
SUITE 401		SUITE 401	00100					
WEST PALM B US	EACH FL 33405	WEST PALM BEACH FL US	1 33405		3. Date Incorporated or Qualified	3a. Date o		
					07/25/1994	U4/	19/199	
2. Principal Plac		2a. Mailing Address	Α.		4, FEI Number 65-0512132		<u> </u>	pplied For ot Applicable
Suite, Apt. #,	Same acabone	26 Suite, Apt. #, etc.	abore	<u> </u>				Additional
SUITE, APT. #,	, etc.	27			5. Certificate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip 29	Coun	try	8. This corporation has liability for Florida Statutes Yes	intangible tax ON 🔲 :	under s	199.032,
4	25 9. Name and Address of Curren		[30]		10. Name and Address of New F		gent	
	g, Harris and Masicos St. Commission		1	B1 Name	C. V. / 11			
RROWN.	MICHAEL D		-  -	82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)		
	M BEACH LAKES BLVD							
SUITE 51	1		10	83				
	LLU DEACH EL 99400		L.				<b>85</b> Zip	Code
WEST PA	ILM BEACH FL 33409		[4	B4 City				
					ation and wife this etatement for the pu	FL room of chan	oing its re	distand office
11. Pursuant to	o the provisions of Sections 607.0502	da. Such change was authoriz	es, the abov	no nomed corner	ation submits this statement for the pu d of directors. I hereby accept the app	rnose of chan	ging its re egistered	gistered office agent. I am
11. Pursuant to		da. Such change was authoriz	es, the abov	no nomed corner	ation submits this statement for the pu d of directors. I hereby accept the app	rnose of chan	ging its re egistered	gistered office agent. I am
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oath, that I am an officer or director of the corporation or the receiver or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Baber
TED NAME OF SIGNING OFFICER OR DIRECTOR