

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

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 # P94000059110 (4)

1. Corporation Name

NETWORK INFORMATION SOLUTIONS, INC.



Principal Place of Business

Mailing Address

NETWORK INFORMATION SOLUTIONS
1000 W MCNAB RD
POMPANO BEACH FL 33069
US

NETWORK INFORMATION SOLUTIONS
1000-W-MCNAB RD STE 312
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

P.O. BOX 519

CAMBRIA, CA

93428

USA

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

65-0541898

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

9. Name and Address of Current Registered Agent

CID, JOSE
224 NW 78TH TERRACE
MARGATE FL 33069

10. Name and Address of New Registered Agent

81 Name

CID, JOSE

82 Street Address (P.O. Box Number is Not Acceptable)

1000 WEST MCNAB ROAD, #315

83

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jose CID

98-04-11

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
CID, JOSE
224 NW 78TH TERRACE
MARGATE FL 33069

DELETED

changed

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CEO
BADOWSKI, STAN
224 NW 28TH TERR
MARGATE FL

DELETED

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

T.
CARAS, GEORGE
620 AXETER LANE
CAMBRIA, CA 93428

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

D
SCHOENFELD, LAWRENCE
305 BROADWAY, SUITE 601
NEW YORK, NY 10007

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

S.D
CID, JOSE
4861 NW 55th Drive
COCONUT CREEK, FL 33073

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

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 on an attachment with an address.

Jose CID 4-1-98 225-227-2720

CR2E034 (10/97)