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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000066667 (4)

1. Corporation Name
SHOPNET, INC.

Principal Place of Business Mailing Address

4429 W BAY VILLA TAMPA FL 33611 **4429 W BAY VILLA TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified 3a. Date of Last Report

09/06/1994

4. FEI Number Applied For

59-327220 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

5. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	23. City & State	27. City & State	24. Zip	25. Country	28. Zip	30. Country
4919 S. Westshore Blvd	4919 S. Westshore Blvd			TAMPA FL	TAMPA FL	33611	USA	33611	USA

9. Name and Address of Current Registered Agent

**KALITA, MARK F
4429 W BAY VILLA
TAMPA FL 33611**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KALITA, MARK F
STREET ADDRESS	4429 W BAY VILLA
CITY - ST - ZIP	TAMPA FL 33611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PVTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	KALITA, MARK F	
13 STREET ADDRESS	4429 W. BAY VILLA AVE	
14 CITY - ST - ZIP	TAMPA, FL 33611	

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 110.07(3)(b), 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: Mark Kalita, President Mark Kalita 5-4-95 813-839-4790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #