

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

FILED
May 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
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DOCUMENT # **P94000071954 (9)**

1. Corporation Name

FONET FINANCIAL, INC.

Principal Place of Business

Mailing Address

**325 S. GARDEN AVE.
CLEARWATER FL 34616**

**325 S. GARDEN AVE.
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4707 140th Ave. North

26 4707 140th Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 210

27 Suite 210

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 33762

25 USA

29 33762

30 USA

9. Name and Address of Current Registered Agent

**SHIELDS, HARRY
325 S. GARDEN AVE.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name

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

4707 140th Avenue North,

83 Suite 210

84 City

Clearwater

FL

85 Zip Code

33762

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

Harry Shields

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, HAROLD R	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHIELDS, HARRY L	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHIELDS, LARRY R	
STREET ADDRESS	#7 CIRCLE DR.	
CITY-ST-ZIP	MT. VERNON IL 62864	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHIELDS, SHERRY	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHIELDS, DORIS A	
STREET ADDRESS	#7 CIRCLE DRIVE	
CITY-ST-ZIP	MT. VERNON IL 62864	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAERER, JANIS E	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY-ST-ZIP	CLEARWATER FL 34616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4707 140th Ave. North, Ste. 210
2.4 CITY-ST-ZIP	Clearwater, FL 33762

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4707 140th Ave. North, Ste. 210
4.4 CITY-ST-ZIP	Clearwater, FL 33762

5.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4707 140th Avenue North, Ste. 210
6.4 CITY-ST-ZIP	Clearwater, FL 33762

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Shields, Director

Date

4-27-98 (P13) 535-2205

Daytime Phone #

0386075

CR2E034 (10/97)