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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075478 (5)

PRAXIS NETWORK, INC.

Principal Place of Business	Mailing Address			- - 1		i (\$401 1011 1801
2830 NW 41ST STREET D3 GAINESVILLE FL \$2606	P.O. BOX 14995 Gainesville FL 32604-4 US	199 5				
US				3. Date Incorporated or Qualified 10/12/1994	3a. Date of La 05/01/19	,
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			59-3281012		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		'5 Additional Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip Country	Zφ	Country		8. This corporation has liability for		ers 199.032,
24 25	29	30			Yes 🔀 No	
9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
WALLACE, SHERI A		81 1	Name			
1201 N.W. 25TH TERRACE		82 S	street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
GAINESVILLE FL 32605		83				
		63				ì
		B4 C	Dity		FL B5	Zip Code
11 Purcuant to the provisions of Soctions 607 0503	2 and 607 1608 Florida Statu	itos The above to	amod corne	gration submits this statement for the r		no its tenislator
11. Pursuant to the provisions of Sections 607.0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was	authorized by th	e corporation	on's board of directors. I hereby accep	pt the appointmen	t as registered
_	tions of, Section 607.0505, F	iorida Statutes.				}
SIGNATURE Signature, typed or printed name of registered ager	stand blied applicance (NO	III. Registereo Agent s	ignalure require	g when reinstating)	DATE	
12. OFFICERS AND	DIRECTORS	18.				
	7 DB IL 0 (0 (0	10.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	TORS IN 12
TOLE PRES	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECT	
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14. I do hereby certify that the information supplied with this fiting doos 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 it changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

CIGNATURE.

11-75-9

252-335-5950

FILED

May 01 1997 8:00am

Secretary of State