

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000084516 (1)

1. Corporation Name
NETWORKING 2245, INC.



Principal Place of Business: **13067 WASHINGTON AVENUE LARGO FL 34643**
Mailing Address: **13067 WASHINGTON AVENUE LARGO FL 34643**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 04/18/1995
21	22	26	27	4. FEI Number 59-3266672	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BIGOTTI, MARIO 13067 WASHINGTON AVENUE LARGO FL 34643				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 607.085, Florida Statutes.

SIGNATURE: *Mario Bigotti* **MARIO BIGOTTI** **1-27-96**
Signature, typed or printed name of registered agent, if not applicable. (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE	1. 1. TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGOTTI, MARIO		12. NAME				
STREET ADDRESS	13067 WASHINGTON AVENUE		13. STREET ADDRESS				
CITY - ST - ZIP	LARGO FL 34643		14. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	2. 1. TITLE	Vice President			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			22. NAME	Bigotti, Joyce			
STREET ADDRESS			23. STREET ADDRESS	13067 Washington Ave			
CITY - ST - ZIP			24. CITY - ST - ZIP	Largo FL 34643			
TITLE		<input type="checkbox"/> DELETE	3. 1. TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME				
STREET ADDRESS			33. STREET ADDRESS				
CITY - ST - ZIP			34. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4. 1. TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME				
STREET ADDRESS			43. STREET ADDRESS				
CITY - ST - ZIP			44. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5. 1. TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME				
STREET ADDRESS			53. STREET ADDRESS				
CITY - ST - ZIP			54. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6. 1. TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY - ST - ZIP			64. CITY - ST - ZIP				

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 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Mario Bigotti* **1-27-96** **813-581-6989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) District Phone #

CR2E034 (12/95)