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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400084516 (1)

NETWORKING 2245, INC.

Principal Place of Business Mailing Address						
13067 WASHINGTON AVENUE 13067 WASHINGTON AVENUE LARGO FL 33643 LARGO FL 33773-1104			JE .			
DANGO PL 346	43	DANGO FL 33773-1104				
				3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 04/12/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21		26		59-3266672	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	le	City & State	***************************************	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζιp	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25	29	30		☐ Yes ☐ No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
BIG	OTTI, MARIO		81 Name			
13067 WASHINGTON AVENUE LARGO FL 34643			82 Street	Address (P.O. Box Number is Not Acceptal	nle)	
			OZ Salect.	Street Address (r.O. Box Number is Not Acceptable)		
			83			
			84 City		las I Zin Code	
			84 City		FL 85 Zip Code	
agent I SIGNATURE	am familiar with, and accept the of		Drida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
FILE	PSTD	DELETE	1.1 TITLE		Change Addition	
NAME	BIGOTTI, MARIO		1.2 NAME			
STREET ADDRESS	13067 WASHINGTON AVEN	JE	1.3 STREET ADDRESS			
CHY-ST-ZIP	LARGO FL 34643		1.4 CITY - ST- ZIP			
TiTLE	VP	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BIGOTTI, JOYCE		2.2 NAME			
STHEET ADDRESS	13087WASHINGTON AVE		2.3 STREET ADDRESS			
CITY: ST-ZIP	LARGO FL		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City - St - ZiP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - ZiP			4.4 CITY - ST - ZIP			
Tille	T	DELETE	5.1 TITLE		Change Addition	

14. I do 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.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

011Y - ST- 202

NATURE AND VPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

428/97

813.581-6989

Change

Addition

FILED

Mar 06 1997 8:00am

Secretary of State