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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 06 1997 8:00am

Secretary of State

Addition

OCCUMENT # P9400088614 (0)

RESEARCH-NET, INC.

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

P.O. BOX 4966 WINTER PARK	} FL 3279 3-49 06	P.O. BOX 4996 WINTER PARK FL 32793-49	96		
				3. Date Incorporated or Qualified 12/07/1994	3a. Date of Last Report 04/26/1996
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	Winter woods	26		59-3109935	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Dosired	\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip. 24 3278	Country 25 Seminole	Zip 29	Country 30	8. This corporation has liability for Plorida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
204	F, KAREN 5-nottingham-dr Ter Park FL 32792		82 Street 83 84 City	Address (P.O. Box Number is Not Acceptable)	cods Dlud
SIGNATURE	Signature, typod or printed name of registored agon	Horis of, Section 607,0505, Flor	Registered Agent signature		H-15-97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 THUE		Change
NAME OTREET APPRESS	HUFF, KAREN 2046 NOTTINGHAM DR.		1.2 NAME	27512 111220 120	hul 8 show
STREET ADDRESS	WINTER PARK FL 32792		1.3 STREET ADDRESS	2256 winter we winter Park Fl	2000
CITY-ST-ZIP TITLE	WHITEN FARM FL 32/82	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	winter tark Fl	Change Addition
NAME		beliefe	2.2 NAME		CHANGE [] AUGILIOR
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 City-St-Zip		••
TITLE		DELETE	3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TillE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY - 51 - 2IP		
TITLE		DELETE	5.1 TITLE		Change Addition

14. Ido 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

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP