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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # **P95000009263 (1)**

1. Corporation Name

NETWORK ADVERTISING, INC.

Principal Place of Business
2490 NORTH FEDERAL HWY.
POMPANO BEACH FL 33064

Mailing Address
2490 NORTH FEDERAL HWY.
POMPANO BEACH FL 33064

2. Principal Place of Business
21 24 NE 24TH AVENUE
Suite, Apt. #, etc.
22
City & State
23 POMPANO BEACH, FL.
Zip
24 33062
Country
25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27 P.O. BOX #405
City & State
28 POMPANO BEACH, FL.
Zip
29 33061
Country
30 US

3. Date Incorporated or Qualified: 02/03/1995
3a. Date of Last Report:
4. FEI Number: 65-0553080 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 607.0505, Florida Statutes.

SIGNATURE AMERILAWYER DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	GERARDI, VINCENT SR.	
STREET ADDRESS	2490 NORTH FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	[ ] Change [ ] Addition
1.2 NAME	GERARDI, VINCENT, SR.	
1.3 STREET ADDRESS	24 NE 24TH AVENUE	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
2.1 TITLE	VPST	[ ] Change [ ] Addition
2.2 NAME	MANFREDONIA, SALVATORE	
2.3 STREET ADDRESS	24 NE 24TH AVENUE	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: VINCENT GERARDI, SR. 2-13-96 954-784-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #