## 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 # P95000022012 (5)

**NETWORK RESOURCES, INC.** 

Principal Place of Businese	
5487 N.W. SATH WAY	
COCOMUT CREEK FL 33073	

Mailing Address

5487 N.W. 44TH WAY

## **FILED** Mar 19 1997 8:00am Secretary of State



COCONUT CREEK FL 33073		COCONUT CREEK-EL 33073-5025			
				3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 03/22/1996
2. Principal Place of Busines		2a. Mailing Address	•	4. FEI Number	Applied for
21 7.232   KF7 Suite, Apt. #, etc	TLE CREEK	26 (SAME)	/ 	65-0566683	Not Applicable
22	WAY	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 BOCA RATON FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
		Ζ(μ) 29 3	Country (0)	8. This corporation has liability for Florida Statutes	inlangible tax under s. 199.032,
9, Name a	nd Address of Current			10. Name and Address of New Re	gistered Agent
BLUM, JEFFREY	J		81 Name		
_5487-N.W. 44TH	WAY->		82 Street A	Address (P.O. Box Number is Not Acceptat	nie)
COCONUT CREE	K FL 33073			371 KETTLE CAREK	
			84 City (	RACA PARAL	FL 85 Zip Code 3 3 4 2 8
44 Durayant to the provision	as of Castiany CO 7 OLOG	ania con acon trasia. Total ini		BOCA RATON	
office or registered ager	N, or both, in the State o	and 607.1506, Florida Statutes f Florida: Such change was au ions of, Section 607.0505, Flori	thorized by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	pt the appointment as registered
	Danited name of registered agent		Registered Agent signature i	required when reinstang)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE P	PAPI I	☐ DELETE	11 TBCF		X Change ☐ Addition
NAME <b>BLUM, JEF</b>			1.2 NAME	22321 KETTLE CREE	الملاء س
	44TH WAY-		1.3 STREET ADDRESS	Description Court	72 h 2 6
CITY-ST-ZIP COCONUT	UNCENTL	DELETE	1.4 CRY- \$1 - 7/P	BOLA RATON, FL	
NAME BLUM, DOI	UNA I	ED DELL'IE	2.1 1011		Change L. Addition
STREET ADDRESS 5487 NW 4			2.2 NAME 2.3 STREET ADDRESS	22321 KETTLE CREE BOLA RATEN, FL	K WAY
	CREEK FL		2.4 CHY-SI-7/P	BOLA RATEN FL	33428
TITLE		DELETE	3.1 THEF	120001 1011111	Change Addition
NAME			3.2 NAME		
STREET ADORESS			33 STREET ADDRESS		ŀ
CITY+ST-ZIP			3.4 CHY- \$1- ZIP		
TITLE		DELFIE	4 1 TIFLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 C(1Y+S1+7)P		
TITLE		DELFTE	5 1 1HLF		L Change L Addition
NAME			5.2 NAME		ŀ
STREET ADDRESS			5.3:STREET ADDRESS		
CITY-ST-ZIP		D DELETE	5.4.0(TY-S1-7)P		
TITLE		L") nttill	61 NILE		Change Add-tion
NAME CTREET ADDRESS			62 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		j
CITY-ST-ZIP   14.   do hereby certify that the	e information supplied v	with this filing does not auality.	■ 64 CITY-ST-7IP	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the

To defect of detay that the information supplies with this filling does not quality for the exemption stated in Section 119 07(3)(t). Florida Statutes. Flurther 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.