

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000047719 (6)**

1. Corporation Name

FINANCIAL NETWORK SYSTEMS, INC.



Principal Place of Business

Mailing Address

**33 SE 8TH ST
SUITE 100
BOCA RATON FL 33432**

**33 SE 8TH ST
SUITE 100
BOCA RATON FL 33432**

2. Principal Place of Business

2a. Mailing Address

21 **940 SWEETWATER IN.**

26 **940 SWEETWATER IN.**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **# 212**

27 **# 212**

City & State

City & State

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

Zip Country

Zip Country

24 **33431**

25

29 **33431**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHADOWITZ, MITCHELL L
33 SE 8TH ST
SUITE 100
BOCA RATON FL 33432**

81 Name **DAVID LERNER**

82 Street Address (P.O. Box Number is Not Acceptable)
940 SWEETWATER IN. # 212

83

84 City **BOCA RATON**

FL

85 Zip Code **33431**

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 and am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

David Lerner

Signature of New Agent (signature or printed name)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	DAVID LERNER	
13. STREET ADDRESS	940 SWEETWATER IN. # 212	
14. CITY - ST - ZIP	BOCA RATON, FL 33431	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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*****200.00**

SIGNATURE:

David Lerner

4-29-96

CR2E034 (12/95)