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

Г	CORI ANNU	PROFIT PORATION IAL REPO 1996	ORT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 000058894 (3)									
i.	Corporation	Name	" 1 330C	7000000	(5)								
	FINE N	etwork	ING, INC.										
Pı	rincipa! Place	of Business		Mailing Address					INTERNATIONAL DINOLOGI				
7311 HEATHLEY DRIVE 7311 HEATHLEY DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467													
								3.	07/31/1995	d or Qualified	3a. Date of I	.ast R	eport
2	Principal Place of Business 2a. Mailing Address							4.	4. FEI Number Applied For				
21		26					65-0602812					Not Applicable	
22	Suite, Apt. #	ite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certificate of Stat	us Desired	_ \$		Additional Required
23	City & State	City & State						6.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
24	Zφ	Country Zip Ci				Country		8. This corporation has liability for intangible tax under s 199.0 Florida Statutes ☐ Yes ☐ No				199.032,	
[24]	L	9. Name	77.	ent Registered Agent	30			10.	Name and Add			nt	
	2400 EAS SUITE 20 FORT LA	UDERDALI o the provision agent, or h, and accept	ERCIAL BOULEVARD E FL 33308 ons of Sections 607.05 both, in the State of Fig.	02 and 607.1508, Floric orida. Such change was ction 607.0505, Florida	authorized by t Statutes.	the corpo	City named co oration's	erporation s	rectors. I hereby a	nent for the pur	FL 8	ng its r	o Code egistered office agent. I am
12		3		ND DIRECTORS		13.			ADDITIONS/CHA	NGES TO OFFI		ECTO	RS IN 12
ST	ILE ME REET ADDRESS TY-ST-ZIP	1 117 110 1110 11 00 10		☐ DE\	_		1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP					nange	☐ Addition
TIT		STD DELETE				2 1 TITLE				····· · · · · · · · · · · · · · · · ·		nange	Addition
\$T	ME REET ADDRESS TY+ST+ZIP	FINE, NANCY J 7311 HEATHLEY DRIVE LAKE WORTH FL 33467			:		22 NAME 23 STREET ADDRESS 24 City-St-Zip						
l	LF ME			☐ DEL		3 1 TITLE 3 2 NAME					c	nange	Addition
ST	REET ADDRESS					33 STREET	ADDRESS						
	TY-ST-ZIP					3.4 CITY-S	T-ZIP			·· · · ·			C Admin
51	ME HEET ADDRESS TY-ST-ZIP			□ DEL		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	i				ci	ange	☐ Addition
NA SII	LE ME REET AODRESS	ACTION IN THE COMPLETE STATE PROGRAMMENT		☐ DEL	ETE	5. 1 TITLE 5.2 NAME 5.3 STREET	ADDRESS				CI	nange	Addition
TIT	TY-ST-ZIP LE ME			☐ D€l	ETE I	5.4 CITY-S 6. 1 TITLE 6.2 NAME	T - ZIP				cı	nange	☐ Addition

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:

SIGNATURE:

SIGNATURE:

Date

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS