

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000065675 (7)**

1. Corporation Name  
**VIANET ENTERPRISES, INC.**

Principal Place of Business

**194 CAMERON CT  
FT LAUDERDALE FL 33326**

Mailing Address

**15970 WEST STATE ROAD 84  
#194  
FT LAUDERDALE FL 33326  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/23/1995**

4. FEI Number

**65-0607728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 2500 Weston Rd.**

Suite, Apt. #, etc.

**22 Suite 313**

City & State

**23 Weston FL**

Zip

**24 33326**

Country

**25 USA**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**WOLFE, LARRY  
200-A JOHN KNOX RD  
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent

81 Name

**Joseph Altschul, Esquire**

82 Street Address (P.O. Box Number is Not Acceptable)

**2500 Weston Rd.**

83

**Suite 313**

84 City

**Weston**

**FL**

85 Zip

**33326**

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

Signature, typed or printed name of registered agent and title if applicable

**Joseph E. Altschul, Esq.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/19/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
SEGAL, BARRY  
STREET ADDRESS  
194 CAMERON CT  
CITY-ST-ZIP  
FT LAUDERDALE FL 33326**

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 ☐ Change ☐ Addition

**1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

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**

14. I 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.

SIGNATURE

**BARRY SEGAL PRES** **Jan 14, 1998** **954.384.1295**

CR2E034 (10/97)