ANNUAL	DRATION L REPORT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF COR	ENT OF STATE ortham State		
	ENT # <b>P9500</b>	0066636 (8)			
	NETWORKS, INC.				
Principal Place of	f Business	Mailing Address	<u></u>	 I and sings the relief action action and the I	n dalan kalan dilak qaysa silak dila dila nasi
17729 GULF BO ST. PETERSBUR		17729 GULF BOULEVARD ST. PETERSBURG FL 33708		3. Date Incorporated or Qualilie 08/29/1995	d 3a. Date of Last Report
2. Principal Plac 1 17729 Suite, Apt. #,	GULF BLUD	2a.         Mailing Address           26         17729         GULF           Suite, Apl. #, etc.         4	- BLVD	4. FEI Number 59-3333103 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
2 City & State	610.	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be Added to Fees
B ST PETE	ERS BURG TL	28 ST. PETERSBU Zip 29 33708 3	Country	Trust Fund Contribution    B. This corporation has fiability f	for intangible tax under s 199.032,
	9. Name and Address of Curro		81 Name	10. Name and Address of New	Registered Agent
1809	LFF, DIANE A 99 FIRST STREET EAST PETERSBURG FL 33708		82 Street Adi	Nott, Dianc A dress (P.O. Box Number is Not Accep 729 GULF BLI	
				PETERSBUILG	FL 85 Zp Code 8
					le purpose of changing its registered
office or reg agent. 1 am	gistered agen, or both in the ord	agent and title Lapplicable INOTE	dia Statutes Registered Agent signature res	poration submits this statement for the tion's board of directors. Thereby acc	6/20/96
office or reg agent. I am SIGNATURE 12.	gistered agen, or both in the ord	ligations of, Section 607.0505, Florid	da Statules	poration submits this statement for the tion's board of directors. Thereby acc	
SIGNATURE 12. NAME	Signature typed agent, or both the oblight signature typed primed name of regime are BrFriCERS / D ECKSTEIN, PAUL F	agent and title 1 applicable (NOTE AND DIRECTORS	da Statutes Registered Agent signature res 13.	poration submits this statement for the tion's board of directors. Thereby acc	6/20/96
office of reg agent.1 am SIGNATURE 12. 11TLE NAME STREET ADORESS CITY-ST-ZIP	Since typed agent, or both the ob in familiar with and accept the ob- Since typed printed han of reamons OFFICERS / D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646	agent and title 1 applicable (NOTE AND DIRECTORS	da Statutes Roposered Agent signature res 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY - ST- ZIP	poration submits this statement for the tion's board of directors. Thereby acc	6/20/96
office of reg agent.1 am SIGNATURE 12. 11/LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A	agent and title 1 applicable (NOTE AND DIRECTORS	da Statutes Ropstered Agent signature res 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. Thereby acc	6/20/96 FFICERS AND DIRECTORS IN 12 Change Addition
office of reg agent.1 am SIGNATURE 12. 11/LE NAME STREET ADORESS CITY-ST-ZIP TITLE	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D	agent and title Lapplicable (NOTE AND DIRECTORS DELETE	da Statutes Ropoterad Agent signature res <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP	poration submits this statement for the tion's board of directors. Thereby acc	6 / PO / 9 6 FFICERS AND DIRECTORS IN 12 Change Addition
office of reg agent. 1 am SIGNATURE 12. 11LE NAME STREET ADORESS CITY-ST-ZIP TIFLE NAME STREET ADORESS	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E	agent and title 1 applicable (NOTE AND DIRECTORS DELETE	da Statutes Ropoterad Agent signature res <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TIFLE 3.2 NAME	poration submits this statement for the tion's board of directors. Thereby acc	6/20/96 FFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE 12. 11/LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E	agent and title Lapplicable two?E AND DIRECTORS DELETE  08 DELETE	da Statutes Ropoterad Agent signature res <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TIFLE	poration submits this statement for the tion's board of directors. Thereby acc	G       Point         FFICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
SIGNATURE SIGNATURE 12. 11LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E	agent and title Lapplicable (NOTE AND DIRECTORS DELETE	da Statutes Ropoterad Agent signature res <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TIFLE 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TIFLE	poration submits this statement for the tion's board of directors. Thereby acc	6 / PO / 9 6 FFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE 12. 11LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E	agent and title Lapplicable two?E AND DIRECTORS DELETE  08 DELETE	da Statutes Ropoterad Agent signature res <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the tion's board of directors. Thereby acc	G / PG/96 FFICERS AND DIRECTORS IN 12 Change Additor Change Addition
SIGNATURE SIGNATURE 12. 11LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E		da Statutes Reportered Agent signature res <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the tion's board of directors. Thereby acc	G       Point         FFICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
SIGNATURE SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E	agent and title Lapplicable two?E AND DIRECTORS DELETE  08 DELETE	da Statutes Reportered Agent signature res <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. Thereby acc	C/PO/96 FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE 12. 11LE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E		da Statutes Roporerad Agent signature res <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	poration submits this statement for the tion's board of directors. Thereby acc	C/PO/96 FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE 12. 111LE NAME STREET ADORESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E		da Statutes Roporerad Agent signature res <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME	poration submits this statement for the tion's board of directors. Thereby acc	G       Poil         FFICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition         Change       Addition         Change       Addition         Change       Addition
SIGNATURE SIGNATURE 12. 111LE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E		da Statutes Roporerad Agent signature rec 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME	poration submits this statement for the tion's board of directors. Thereby acc	C       PECIDANH         FFICERS AND DIRECTORS IN 12         Change       Addition
A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ECKSTEIN, PAUL F 7636 140TH ST N SEMINOLE FL 34646 D WOLFF, DIANE A 18099 FIRST ST E ST PETERSBURG FL 3370		da Statutes Reportered Agent signature res <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST- ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP	poration submits this statement for the tion's board of directors. Thereby acc	C       PECIPICAL         OFFICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition