

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000068644 (0)**

1. Corporation Name

**NETWORK FUNDING INC.**

Principal Place of Business

**2401 PGA BLVD  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**50 SOUTH U.S. HIGHWAY 1  
SUITE 313  
JUPITER FL 33477-6104**

3. Date Incorporated or Qualified  
**09/08/1995**

3a. Date of Last Report  
**06/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 **2401 PGA Blvd**

26 **2401 PGA Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 196**

27 **Suite 196**

City, State

City & State

23 **Palm Beach Gardens, FL**

28 **P.B.G., FL**

Zip

Country

Zip

Country

24 **33410**

25

29 **33410**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIOFFI, JAMES A  
250 TEQUESTA DRIVE  
SUITE 200  
TEQUESTA FL 33489**

81 Name

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

83

84 City

**FL**

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D VIRGINIA Spencer</b>
NAME	<b>BUONO, MICHAEL</b>	1.2 NAME	<b>2401 PGA BLVD #196</b>
STREET ADDRESS	<b>50 SOUTH U.S. HIGHWAY 1, SUITE 313</b>	1.3 STREET ADDRESS	<b>PALM BEACH GARDENS, FL 33410</b>
CITY-STATE-ZIP	<b>JUPITER FL 33477</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>D FRANCES T Perry</b>
NAME	<b>ANDERSON, DEANNE</b>	2.2 NAME	<b>2401 PGA Blvd #196</b>
STREET ADDRESS	<b>50 SOUTH U.S. HIGHWAY 1, SUITE 313</b>	2.3 STREET ADDRESS	<b>P.B.G., FL 33410</b>
CITY-STATE-ZIP	<b>JUPITER FL 33477</b>	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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:

**FRANCES T. PERRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0333001

CR2E034 (9/96)