

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085973 (2)

1. Corporation Name

NETWORK 2001 BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2932 N. STATE ROAD 7
MARGATE FL 33063

2932 N. STATE ROAD 7
MARGATE FL 33063

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2544 NW 98th Terrace

26 2544 NW 98th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coral Springs FL

28 Coral Springs FL

Zip

Zip

County

County

24 33065

25 Broward

29 33065

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTRUCK, GARRY
2932 N. STATE ROAD 7
MARGATE FL 33063

81 Name

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

2409 University Drive

83

84 City

Coral Springs FL

85

Zip Code

33065

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 in block 12 or 13 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GALLINA, SEBASIAN
STREET ADDRESS 3300 N.E. 38TH ST. SUITE 1507
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ DELETE

NAME POTTRUCK, GARRY
STREET ADDRESS 2932 N. STATE ROAD 7 TIE 1507
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☒ DELETE

NAME HOFFMAN, BARBARA
STREET ADDRESS 2766 W. GYPRESS CREEK RD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

6.4 CITY-ST-ZIP

VICE PRESIDENT ☒ Change ☐ Addition

2409 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

TREASURER ☐ Change ☒ Addition

ALFRED LETTERA 40 FIRST UNION
2544 NW 98th Terrace
Coral Springs FL 33065

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garry Pottruck 8/7/96 954-341-0804

CR2E034 (3/96)