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FILED

Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087755 (1)

1. Corporation Name
SOUTHEAST NETWORK SPECIALISTS, INC.



Principal Place of Business

1000 W MCNAB ROAD
SUITE 104
POMPANO BEACH FL 33307
US

Mailing Address

1000 W MCNAB ROAD
SUITE 104
POMPANO BEACH FL 33069-4719
US

2. Principal Place of Business

21

Suite, Apt. #, etc.
215

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.
215

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BOFSHEVER, HAROLD S
2455 EAST SUNRISE BLVD.
SUITE 917
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0665680

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

HERMAN, BRUCE

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

1401 E. BROWARD BLVD. Ste 206

83

84. City

FT. LAUD.

FL

85. Zip Code

33301

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

Bruce Herman

(NOTE: Registered Agent signature required when reinstating)

6/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D KOHL, KENNETH
STREET ADDRESS
1000 W. MCNAB RD. SUITE 104
CITY-ST-ZIP
POMPANO BEACH FL

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
1000 W MCNAB RD SUITE 215

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/S
ANGELA K. HORNE
1000 W MCNAB RD STE 215
POMPANO BEACH, FL 33069

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 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

[Signature]

4/24/97 X 954-943-907

CR2E034 (9/96)