FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P95000088174	(4)

INTER NETWORK SOFTWARE CORP.

1141611	NETWORK SOFTWARE CO	nr.					
Principal Place of Business Mailing Add		Maling Address				10111 JOIEL 10101 18191 I	.0011 (0011 010) (100)
4141 W WATERS AVE 4141 W WATERS AV TAMPA FL 33614 TAMPA FL 33614		4141 W WATERS AVE TAMPA FL 33614					
					 Date Incorporated or Qualified 11/16/1995 	3a. Date of Las	it Report
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3370112-		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Cert-ficate of Status Desirect	\$8.75 Additional	
City & State	0	27			LJ F	ee Required	
23	е	City & State			Election Campaign Financing Trust Fund Contribution		0.00 May Be
Zip	Country	Zip	Country		This corporation has liability for it		
24	25	29	30		Florida Statutes	□No	
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New R	egistered Agent	
CALIDOE	TA DENNIO		81	Name			
	ill, dennis Waters ave		82	Street	Address (P.O. Box Number is Not Acceptable	le)	
TAMPA F			83				
			84	City		2004 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	as the above r	named s	orporation submits this statement for the purp	P_L	
. Or register	red agent, or both, in the State of For th, and accept the obligations of, Sec	nda. Such chance was authorize	BUIDV ING CORD	namedice oration's	orporation submits this statement for the purp board of directors. I hereby accept the appo	pose of changing i pintment as registe	ts registered office red agent. Fam
SIGNATURE	ит, ани ассерт иле ориданело от, ост,	CONTRACTOR CUED, 100 HOD.	4				
	Signature, typed or proded hand, of replaced agri-		He Bugstern Age	it signature r	(के उनक) स्टीका (छा इतिहासु ⁾	DA [†] E	
12.	T	ND DIFFECTORS	13.		ADDITIONS/CHANGES TO OFFI		
NAME	D Coursey, William J	∑ D€L€TE	1. 1 TITLE			☐ Chan	ge 🖪 Add tion
STREET ADDRESS	9402 EDENTON WAY		1.2 NAME	-550(66	DENNIS J. CAMPBELL 4141 W. WATONS ANE		
CITY-ST-ZIP	TAMPA FL 33626				4141 W. WATERS AVE		
TITLE	D	⊠ DELETE	2.1 THILE	1-71P	TAMPA, PL 33614	☐ Chang	ge 🔲 Addition
NAME	TINSLEY, ROBERT J	<u></u>	2.2 NAME			Orien	åe ∐ Addition
STREET ADDRESS	4708 BULLOCK CT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624		2.4 C/TY - S				j
TITLE	D	⊠ DELETE	3 1 TITLE	1 1		Chang	ge Addition
NAME	Lebrun, Denis		3.2 NAME				,
STREET ADDRESS	12721 BARRETT DR		33 STHEET	LADDRESS			
CtTY-ST-ZIP	TAMPA FL 33624		3.4 CITY - S	.F - ZIP			
TITLE	D	∑ DELETE	4 1 TITLE			☐ Chang	ge 🔲 Addition
NAME	Russell, Jerry D		4.2 NAME	i			_
STREET ADDRESS	4390 SUGAR MAPLE CT		4.3 STREET	ADDRESS			
CITY-ST-2IP	TITUSVILLE FL 32780		44 CITY - S	T - ZIP			
TITLE		☐ DELETE	5 1 TIT_E			☐ Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	A00RESS			
CITY-ST-ZIP			5 4 C ITY - S	1 - 712	ı		
TITLE		DELETE	6 1 TITLE			☐ Chanç	ge 🔲 Addition
NAME			6.2 NAME				-
STREET ADDRESS			6.3 STREET	ADDRESS			
DiTY-ST-ZiP	I		EACITY C	7 210			l

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

SIGNATURE:

ATURE AND TYPE OF PRINTED THE OF SIGNING OFFICER OF DIRECTOR

8-5-96 Dat(\$13)887-3319 Daytine Priore # R2E034 (12/95)