

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

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90013 026 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093040

1. Corporation Name

NATIONWIDE NETWORK SERVICES INC.

Principal Place of Business

1499 WEST PALMETTO PARK ROAD
SUITE 405
BOCA RATON FL 33496

Mailing Address

1499 WEST PALMETTO PARK ROAD
SUITE 405
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

65-0634543

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPARD, LESKAR & LEVINE, P.A.

409 S.E. 7TH STREET

FT. LAUDERDALE FL 33301

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILLS, SHELDON
1499 W PALMETTO PARK RD. #405
BOCA RATON FL 33496

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILLS, LORNA
1499 W PALMETTO PARK RD. #405
BOCA RATON FL 33496

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHEPARD, LESKAR & LEVINE, P.A.
409 S.E. 7TH STREET
FT. LAUDERDALE FL 33301

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHEPARD, LESKAR & LEVINE, P.A.
409 S.E. 7TH STREET
FT. LAUDERDALE FL 33301

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILLS, SHELDON
1499 W PALMETTO PARK RD. #405
BOCA RATON FL 33496

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHEPARD, LESKAR & LEVINE, P.A.
409 S.E. 7TH STREET
FT. LAUDERDALE FL 33301

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

561-750-8899

Date

Daytime Phone #

CR2E034 (11/98)