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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.

FILED Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90013 026 ***150.00



Principal Plac	ce of Business	Mailing Add	ress			1 (SANIMAN IN MININ ENIN ENIN	8811 8811 88118 ISIN	M IIIII MAIII R	IBN 8871 (881	
1499 WEST PALMETTO PARK ROAD SUITE 405 BOCA RATON FL 33496 1499 WEST PALMETTO PARK SUITE 405 BOCA RATON FL 33496 1499 WEST PALMETTO PARK SUITE 405 BOCA RATON FL 33496				< ROAD		DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualife	ed	ž.		ĺ
						12/06/1995	* * *			
2. Principal F	Place of Business	2a. Mailing A	Address			4. FEI Number		App	lied For	122
21		26				65-0634543		Not	Applicable	3
Suite, Apt.	. #, etc.	Suite, Ap	ot. #, etc.				· —	\$8.75 A	ditional	S
22	· · · · · · · · · · · · · · · · · · ·	27	27			5. Certificate of Status Desired		Fee Rec	uired	<u> </u>
City & Sta		City & S	tate			6, Election Campaign Financin	g	\$5.00 N	May Be	
23	+ •,	28				Trust Fund Contribution	ず .□	Added to	Fees]
Zip	Country	Zip		Country	1	8. This corporation owes the co	urrent year Intang	jible		
24	25	29	. 30	5		Personal Property Tax.			□No	
	9. Name and Address of Curren	t Registered Age	ent			10. Name and Address of Nev	v Registered Ag	ent		1
	The same of the sa		•	81	Name					ĺ
SHE	PARD, LESKAR & LEVINE, P.A.	30.163		82	Ctroot Add	ress (P.O. Box Number is Not Acce	otable)			1
409 S.E. 7TH STREET				02	Street Add	ress (F.O. Box Number is Not Acce	hranie)			1
FT.	LAUDERDALE FL 33301	•		83	-	10 10 St 77 St 1 A 10 SE	DE THE MESTIC	191153113	21: 531 51:	1
						11.00	West William	智雄器的		ļ
	22			84	City	. 32- (FL	85 "Zip C	ode ""	
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508	Florida Statutes	the above	e-named con	poration submits this statement for the		anging its r	egistered	1
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such o	hange was auth	orized by	the corporat	on's board of directors. I hereby acc	cept the appointm	ent as reg	istered	
MAC/agent. (1)	am familiar with, and accept the obliga-	tions of Section t	507.0505, Florida	a Statutes		•			ž.	
SIGNATURE	Signature, typed or printed name of registered agen		(NOTE: Pa	aistand Ager	nt eignature requir	ed when reinstating),	DATE			_ ا
12.		D DIRECTORS	(14012, 140	13.	tt argundan rodon.	ADDITIONS/CHANGES TO		DIRECTOR	RS IN 12	8
TITLE	D		DELETE	1.1 TITLE		84 (189 H)A)		Change	Addition	1
NAME	HILLS, SHELDON			1.2 NAME		17 15 7 19 14 15 15 15 15 15 15 15 15 15 15 15 15 15			i.	``
	A 400 W DALLACTTO DADY OD	#405			T ADDRESS					8
STREET ADDRESS	BOCA RATON FL 33496	******						•	•	2
CITY-ST-ZIP	D		DELETE	1.4 CITY-S	1-217		· F] Change	Addition	5
TITLE .	1 - ,	,						J +···9-		
NAME '	HILLS, LORNA	#40E		2.2 NAME			• *		: _	
STREET ADDRESS				2.3 STREET		• .				
CITY-\$T-ZIP	BOCA RATON FL 33496		DELETE	2.4 CITY-S	ST-ZIP			Change	Addition	┨
TITLE STATE	PAND LESSAGE ELEVER, P. A.		DELETE	3.1 TITLE	ĺ	•	Ĺ	7 Antanião	C AGGIRGA	
NAME		Sales 1		3.2 NAME					•	
STREET ADDRESS	AUDITORE CERTS.				TADDRESS	17. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	新活躍語	油棉料		
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP					1
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NAME	disense the cons	: : ' .		4.2 NAME						
STREET ADDRESS		5.0		4.3 STREE	ADDRESS					1
CITY-ST-ZIP (🕾	大野棚 1.7	11. C. S. V. L.	· `	4.4 CITY-S	T-ZIP					1
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STREET ADDRESS	sl ",			5.3 STREET	ADDRESS	•				-
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	*** SE				ن ٔ ا
TITLE	THE LOW SECTION STATES	[DELETE	6.1 TITLE			. [Change	Addition	1
NAME	HARMARIN COURS	# J.		6.2 NAME			•			
STREET ADDRESS	The state of the s			6.3 STREET	TADORESS	•			.'	ļ
CITY-ST-ZIP	The state of the s			6.4 CITY-S	T-ZIP					Ì

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.