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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 16 1997 8:00am

Secretary of State

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DOCUMENT # P9600003455 (8)

BUSINESS NETWORK SOLUTIONS, INC.

Principal Plac 3377 FLORIDA MELBOURNE F	ce of Business PALM AVE. 1, 32801	Mailing Address 3377 FLORIDA PALM AVE. MELBOURNE FL 32901-8114					
					3. Date Incorporated or Qualified 01/08/1996	3a. Date of La	st Report
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			59-3352584		Not Applicable
22	,, o.c.	27			5. Certificate of Status Desired		75 Additional e Required
I City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for i		er s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		<u> </u> 30]		Florida Statutes Y yes No 10. Name and Address of New Registered Agent		
DAI		it negistered Agent	81	Name	10. Name and Address of New Re	Jisterea Agent	
BALL, JASON 3377 FLORIDA PALM AVE.							
	BOURNE FL 32901		82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
			83				
			84	City			7
				' '			Zip Code
I Office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	∟of Horida. Such change was i	authorized b	withe corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changir It the appointment	ng its registered t as registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS ANI		1E: Registined Ap	gent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TODE IN 19
TITLE	P	DETE	1.) THE		ADDITIONS/GHANGES TO OFFIC	Chan	
NAME	BALL, JASON	_	1.2 NAME				.,.
STREET ADDRESS	1155 SANDDUNE LN. #207		1.8 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935		1.≱ CiTY-	ST-ZIP			
TITLE	VST	☐ DELETE	2.1 1ITLE			Chan	nge 🔲 Addition
NAME	REMOR, BARRY		2.2 NAME				
STREET ADDRESS	5810 65TH ST.		2.\$ STREE	T ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32967	Delete	2.4 CHY-	\$T-7IP	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE		3.1 TITLE			Chan	nge 🔲 Addition
NAME			3.2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	3.4. City - 4.1 Title	SI-ZIP		Chan	nge Addition
NAME		- DECEME	4.2 NAME			الهاال [_]	go L Addition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE			5.1 TITLE			☐ Chan	nge 🔲 Addition
NAME			5.≱ NAME				-
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Chan	ige 🔲 Addition
NAME	1		6.2 NAME				ĺ
STREET ADORESS			63 STREE	T ADDRESS			į

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 logal 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.