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

Mailing Address

SUITE 202

1133 S. UNIVERSITY DR.

PLANTATION FL 33324-3303

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600004855 (8)

NET SOLUTIONS, INC.

appears in Block 12 or Block 13 if chapped

SIGNATURE:

Principal Piace of Business

1133 S. UNIVERSITY DR.

PLANTATION FL 33326

**SUITE 202** 

							U1/16/1996					
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		App	lied For		
21		26					650680668	ſ	Not	Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$E	3.75 A	dditional		
22		27					5. Certificate of Status Desired	L) ',	Fee Rec	quired		
City & State	)	City & State					6. Election Campaign Financing	\$	5.00 N	vlav Be		
23		28					Trust Fund Contribution		Added to			
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for in	ıtanoible tax ι	nder s.	199.032.		
24	25	29		30				Yes 🔲 No		·		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
BARNETT, BRIAN K					B1	Name						
HELLER & BARNETT CORPORATE SERVICES					62 Street Address (P.O. Box Number is Not Acceptable)							
1214 N. UNIVERSITY DR.					Street Address (F.O. Box Nutriber is Not Acceptable)							
PLANTATION FL 33322					83							
L D Addition of a popular												
					84	City		FL 85	Zip C	ode		
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, typied or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTORS	IN 12		
TITLE	D		DELETE	1.1 Til	TLE				Change	Addition		
NAME					1.2 NAME							
STREET ADDRESS % 1133 S. UNIVERSITY DR. SUITE 202					REET.	ADDRESS						
C(1Y-ST-ZIP	DI ANTATION EL 00000				1.4 CITY+ST-ZIP							
TITLE	D		DELETE	2.1 711		,	· · · · · · · · · · · · · · · · · · ·		Change	Addition		
NAME	RAGAN, BRENT			2.2 N/	AME							
STREET ADDRESS	A 4400 O LININGPORTY DR CUITE 000				2.3 STREET ADDRESS							
CITY- ST-ZIP	PLANTATION FL 33326											
TITLE					2 4 City-St-ZiP 3.1 Title				Change	Addition		
NAME	SCHRANTZ, KERRY			3.2 N				<del></del>	•			
STREET ADDRESS	A 4466 O LININGDOUTH DD OLITTE 600				3.3 STREET ADDRESS							
	PLANTATION FL 33326			3.4. CITY-ST-ZIP								
CITY-ST-ZIP TITLE			DELETE		TLE	M-TR		717	hange	Addition		
NAME				4.2 N				· · · · ·	- 4-			
						ADDRESS						
STREET ADDRESS												
CITY-ST-76P THLE			DELETE	4.4 C) 5.1 T)		T-ZIP			Change	Addition		
			L_J DELL'IL					٠.	virtin An	- ryamon		
NAME				5.2 N/		4000000						
STREET ADDRESS						ADDRESS		•				
CITY-ST-ZIF			DELETE		********	T-ZIP		<del></del>	Change	Addition		
TITLE			☐ DELETE	6 1 TI				١١	highlige	I'''1 WOOGOOD		
NAME				6.2 N/								
STREET ADDRESS						ADDRESS						
CITY · S1 · ZIP				6.4 CI	ITY-S	T-ZIP				<del>,</del>		
14. I do hereb	by certify that the information supplied in indicated on this annual report or su	with this filing polaritental a	g does not quali annual renost is t	ty for the	exe	mption stated trate and that r	In Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	i. I further cert Leffect as if m	ity that t ade und	he ler oath: that		
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 supplied enter a supplied 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 as the receiver or true the impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name												