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Mar 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000011011 (9)

1. Corporation Name:

ORAL NET ENTERPRISES, INC.



Principal Place of Business

FISCHLER & FRIEDMAN, P.A.  
116 SOUTHEAST 6TH COURT  
FORT LAUDERDALE FL 33301

Mailing Address

FISCHLER & FRIEDMAN, P.A.  
116 SOUTHEAST 6TH COURT  
FORT LAUDERDALE FL 33301-3129

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 6740 N.W. 46th Court

Suite, Apt. #, etc.

22

City & State

23 Lauderhill, FL

Zip

24 33319

Country

25 Broward

2a. Mailing Address

26 6740 N.W. 46th Court

Suite, Apt. #, etc.

27

City & State

28 Lauderhill, FL

Zip

29 33319

Country

30 Broward

4. FEI Number

65-0666761

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

FISCHLER, MICHAEL A ESQ.  
FISCHLER & FRIEDMAN, P.A.  
116 SOUTHEAST 6TH COURT  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 of the registered agent or the person authorized to register the corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME Arthur Gober

STREET ADDRESS 6740 N.W. 46th Court

CITY-ST-ZIP Lauderhill, FL 33319

TITLE VP/S/D ☐ DELETE

NAME Frank L. Gober

STREET ADDRESS 6740 N.W. 46th Court

CITY-ST-ZIP Lauderhill, FL 33319

TITLE T/D ☐ DELETE

NAME Melvin Gober

STREET ADDRESS 6740 N.W. 46th Court

CITY-ST-ZIP Lauderhill, FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklyn L. Gober, Director

2-11-97

Date

800-364-5319

Daytime Phone #

CR2E034 (9/96)