FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000043326 (3) BARBARA MOLYNEUX, P.A. Principal Place of Business Mailing Address 8623 REGENCY PARK BLVD. 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668 PORT RICHEY FL 34668 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1996 2. Principal Place of Business 21 18228 DEW BLOON DR 4. FEI Number 2a. Mailing Address Applied For 59-3378483 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be HUDSON Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 7 26 USA 29 9. Name and Address of Current Registered Agent **™** No Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent ADDESSI, MICHAEL V C/O NETWORK BUSINESS SOLUTIONS, INC. 82 8623 REGNECY PARK BLVD. 83 PORT RICHEY FL 34668 City HUDSON Zip Code 34667 64 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 laminar with, and accept the obligations of Section 607,0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) AND DIMECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition HOLYNEUX, BARBARA MOLYNGUX, BARBARA 1.2 NAME 18228 DEW BLOOK DR 18228 DEW BLOOM DR 1.3 STREET ADDRESS STREET ADDRESS **HUDSON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2 S TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS

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 chapted, or on an attachment with an address.

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

3.4. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

■ DELETE

DELETE

DELETE

SIGNATURE: Dayland Walisher

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

4-10-98

CR2E034

Addition

Addition

Addition

Addition

Change

Change

Change