

FILED

May 01 1997 8:00am

Secretary of State

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 996000049257
Corporation Name
REFERRALNET, INCPrincipal Place of Business
120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK FL 32792
Mailing Address
120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK FL 32792-44272. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country3. Date Incorporated or Qualified
5-14-96
3a. Date of Last Report
05/01/1996
4. FEI Number
X Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
X Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
DENNIS PUECCIA
82 Street Address (P.O. Box Number is Not Acceptable)
120 UNIVERSITY PARK DRIVE
83 SUITE 150
84 WINTER PARK FL 85 Zip Code
3279211. 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. DENNIS PUECCIA
TREASURER
4/28/97

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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100.1 TITLE
NAME
STREET ADDRESS
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

DENNIS PUECCIA
4/28/97
TREASURER
407-679-5455

CR2E034 (9/96)