


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

FILED

May 12 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 # P96000064660 (9)					
1. Corporation Name PDTNET, INC.					
Principal Place of Business 474 WET ROCK LANE JACKSONVILLE FL 32225			Mailing Address 474 WET ROCK LANE JACKSONVILLE FL 32225-5187		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3393075	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent REINSCH, MARK A 200 W FORSYTH ST STE 1400 JACKSONVILLE FL 32202			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
85. State			FL		
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1. NAME: D GROUP, ROBERT R 12.2. STREET ADDRESS: 474 WET ROCK LANE 12.3. CITY-STATE-ZIP: JACKSONVILLE FL 32225 12.4. TITLE: <input type="checkbox"/> DELETE			13.1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.5. NAME: D FISCHER, KURT P 12.6. STREET ADDRESS: 474 WET ROCK LANE 12.7. CITY-STATE-ZIP: JACKSONVILLE FL 32225 12.8. TITLE: <input type="checkbox"/> DELETE			13.5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.9. NAME: <input type="checkbox"/> DELETE			13.9. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.12. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.13. NAME: <input type="checkbox"/> DELETE			13.13. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.15. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.16. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.17. NAME: <input type="checkbox"/> DELETE			13.17. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.19. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.20. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.21. NAME: <input type="checkbox"/> DELETE			13.21. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.23. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.24. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Robert R. Group</u> ROBERT R. GROUP, TREASURER PDTNET, INC. 5/1/97 904-221-AA39					

CR2E034 (9/96)