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

Mailing Address

DESTIN FL 32541

2a. Mailing Address

#120

26

5051 EAST HIGHWAY 98

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

5051 EAST HIGHWAY 98

#120 DESTIN FL 32541

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067852 (9)

CHRISTIAN BUSINESS NETWORK, INC.

Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TABER, DORRIE 5051 EAST HIGHWAY 98 Street Address (P.O. Box Number is Not Acceptable) 82 #120 83 DESTIN FL 32541 84 City Zip Code 11. Persuant 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE THILE MARIA MATILDE V. FERREIRA TAVARES 1.2 NAME NAME 5051 EAST HIGHWAY 98, #120 1.3 STREET ADDRESS STREET ADDRESS **DESTIN FL 32541** CITY-ST-ZiP 1.4 CITY-ST-ZIP DELETE ___ Change Addition 21 THILE THE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition \mathbf{HHE} 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP COTY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-26 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CILY-ST-741 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 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 exporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Block 12 if changed or an attachment with an address.

JIM REQUIRED

3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996 4. FEI Number Applied For 59-3403477

Not Applicable

FILED

May 07 1997 8:00am

Secretary of State