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



FLORIDA DEPARTMENT OF STATE

## **FILED** Apr 30 1997 8:00am

1	PORATION AL. REPORT Secretary of State DIVISION OF CORPORATIONS			Secretary of State						
DOCU 1. Cerporati		0600006885 /ICES AMER								
Pencipa Pia	ice of Business	Martin	g Address		····					
113	380 Prosperity Far		~							
	ite 209A	ino noud				]				
Pa!	lm Beach Gardnes,	3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Report							
						08-19-96	1			
2. Pone pal	Place of Business	2a. Ma	iling Address			4. FEI Number	······································	Ar	oplied For	
21		26			<del></del>	65-0691960		<del></del>	ot Applicable	]
Suite Apt	T# Ok.	27	ite, Apt. #, etc.			5. Certificate of Status Desired			Additional squired	-
City & Sta	de:	Git <b>28</b>	y & State			Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be to Fees	
Z(p)	Country	Zip	)	Cou	ntry	8. This corporation has liability for			. 199.032,	]
24	9. Name and Address of C	29	d Agent	30		Florida Statutes  10. Name and Address of New Re		No		4
	o, Hame End Addition of the	one in the grantere	o Agont	·	81 Name		Assistan V	April		1
1	Networks				P2 Street A	Brady & Brady, P.A. ddress (P.O. Box Number is Not Acceptate	-101			4
1	1 Hays Street				370	Camino Gardens Blyd.	Third	Floor		1
Tal	llahassee, FL 3230	01-2607			83					]
ļ					84 City	······································	ر سے	<b>85</b> Zip	Code	-
11 Din 00	Lin the remissions of Spectross 60	7.0502 and 607.1	508 Florida Statute	the ar	Boca	Raton, orporation submits this statement for the p	FL	334	32	4
off to or	registered agent, or both, in the	State of Florida. 5	Such change was a	uthorized	d by the corpo	oration's board of directors. Thereby acce	pt the appo	intment as	registered	
SIGNATURE	Brade + Bres	L-PA	My Pran	Z	Bra	de Gra	4/26	47		ł
SIGILANTUN	The ration type for placed name of regi-	re lagert and title if apo			Agent signatu. Te		DATE			]_
12.	OFFICER	SIMND DIRECTO	RS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE				_]&
NAME	President, Treas Secretrary	urer &	LJ VELETE	1.1 Til 1.2 NA			ι	Change	Addition	9
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STREET ADORESS					REET ADDRESS			/K	L . 1 /	
COTY - ST - VIP	1			5.4 Ci	IY-ST-ZIP				34/30/	77

64 CITY-ST-ZIP \*\*\*\*330\_00

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 are 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 of Block 13 of changed, or on an attachment with an address.

61 TITLE

62 NAME

63 STREET ADDRESS

SIGNATURE:

 $\|J_1 I\|_2^2$ 

NAME

STREET AND BESS

DELETE

900002163719 -05/02/97--01061--057

(94)763-1700

☐ Change

Addition