

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000070002 (6)  
1. Corporation Name

FORT LAUDERDALE NETWORK CORPORATION



Principal Place of Business  
1299 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33334

Mailing Address  
1299 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

GAMBRILL, PAULA  
3010 NE 45TH ST.  
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

06-9446294

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name RICHARD A. Morgan  
82 Street Address P.O. Box Number Not Acceptable  
83 FIRST UNION FINANCIAL CTR. FLR  
84 200 SOUTH BISCAYNE BLVD.  
City MIAMI FL 85 Zip Code 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

7-22-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	GAMBRILL, PAULA	STREET ADDRESS	3010 NE 45TH ST.	CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	P	NAME	GAMBRILL, PAULA	STREET ADDRESS	1299 E COMMERCIAL BLVD.	CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: Paula Gambrell

9/29/98 453-6000

CR2E034 (5/98)