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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080105 (5)

NETWORKING REFERRAL SERVICES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1371 GIMLET STREET, S.W. 1371 GIMLET STREET, S.W. PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3402838 26 Not Applicable 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 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRAHAM, DAVID 1371 GIMLET STREET, S.W. Street Address (P.O. Box Number is Not Acceptable) 82 PALM BAY FL 32907 83 84 City Zip Code 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 it applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change GRAHAM, DAVID 1.2 NAME 1371 GIMLET STREET, S.W. STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE ___ Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE Addition Change TITAE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 of the reclaims of the corporation of the reclaims of the reclaims of the corporation of the corporation of the reclaims of the reclaims

SIGNATURE: