

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095286 (6)**

1. Corporation Name

AEGIS NETWORK, INC.



Principal Place of Business 6601 LIONS ROAD, SUITE #D10 COCONUT CREEK FL 33073	Mailing Address 6601 LIONS ROAD, SUITE #D10 COCONUT CREEK FL 33073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10734 MAPLE CHASE DR Suite, Apt. #, etc.		2a. Mailing Address 26 10734 MAPLE CHASE DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/21/1996
22 City & State 23 BOCA RATON, FL Zip 24 33498		27 City & State 28 BOCA RATON, FL Zip 29 33498		4. FEI Number 65-0715129 Applied For <input type="checkbox"/> Not Applicable
25 PALM BEACH Country		30 PALM BEACH Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent GUTIERREZ, CAROL 6601 LYONS RD D-10 COCONUT CREEK FL 33134		10. Name and Address of New Registered Agent 81 Name CAROL GUTIERREZ 82 Street Address (P.O. Box Number is Not Acceptable) 10734 MAPLE CHASE DR 83 84 City BOCA RATON FL 85 Zip Code 33498	
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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 _____ (NOTE: Registered Agent's signature required when reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GUTIERREZ, EDWARD III	1.2 NAME	GUTIERREZ EDWARD III
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	1.3 STREET ADDRESS	10734 MAPLE CHASE DR
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VD	2.1 TITLE	VD
NAME	GUTIERREZ, CAROL	2.2 NAME	GUTIERREZ, CAROL
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	2.3 STREET ADDRESS	10734 MAPLE CHASE DR
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	SD	3.1 TITLE	SD
NAME	GUTIERREZ, YVETTE	3.2 NAME	GUTIERREZ, YVETTE
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	3.3 STREET ADDRESS	10734 MAPLE CHASE DR
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	TD	4.1 TITLE	TD
NAME	GUTIERREZ, TERESA	4.2 NAME	GUTIERREZ, TERESA
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	4.3 STREET ADDRESS	10734 MAPLE CHASE DR
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Carol Gutierrez* _____

CR2E034 (10/97)