FECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007649 1. Corporation Name

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90003 013 ***550.00

NETWORK CREDIT SERVICES INC					
					A PROPORTIAL THE COURT OF THE C
incipal Place	of Business	Mailing Address			
30 W BRANDON BLVD #105 2130 W BRANDON BLVD #10			05		
RANDON FL 33511 BRANDON FL 33511					DO MOTAMOITE IN THIS COACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					01/21/1997
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
	-OAKFIELD-DR	26 - 1463 OAKA	653	DR _	- 59-3423495 - Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
133	133 27 /33				5. Certificate of Status Desired Fee Required
City & State	ity & State City & State				6. Election Campaign Financing \$5.00 May Be
	WDON FZ	28 BRANDON	FZ	-	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year
33		29 33 51/ 30	<u> </u>		Intangible Personal Property.
	9. Name and Address of Current	Registered Agent	-	N	10. Name and Address of New Registered Agent
DEE	DV MICHAEI		81	ļ	MICHAEL REEDY
REEDY, MICHAEL 305 N PARSONS AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		
BRANDON FL 33510			83		
Dist	1001112 00010		*3	305	N. PARSONS AVE.
			84	City	RANDONS ME. SRANDON FL 85 Zip Code 32 5/0
	607.0503	CO7 1500 Florid- Statuto t	ha abaya	/S	SKATA BO ~
office or r	egistered agent, or both, in the State (of Florida. Such change was auth	norized by	y the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, section 607.0505, Florida	a Statute	·S.	/ /29
GNATURE _	Signature, typed or printed name of registered agent				re required when reinstating) DATE
	OFFICERS AND		13.	- Igoni organica	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<u>.</u> .ε	D	DELETE	1.1 TITLE		Change Addition
AE .	KENNY, SHARON		1.2 NAME	l	
EET ADDRESS	521 GORNTO LAKES DR		1.3 STREE	TADDRESS	
Y-ST-ZIP	BRANDON FL 33510		1.4 CITY-S	T-ZIP	
.E ,		DELETE	2.1 TITLE		Change Addition
ΛE .		_	2.2 NAME		
EET ADDRESS		The state of the s	2.3 STREE	TADDRESS	
/-ST-ZIP			2.4 CITY-S	T-ZIP	
E		☐ DELETE	3.1 TITLE	j	Change Addition
1E			3.2 NAME	1	
EET ADDRESS			3.3 STREE	T ADDRESS	
-ST-ZIP			3.4 CITY-S	T-ZIP	
E		☐ DELETE	4.1 TITLE	}	Change Addition
Έ		<i>'</i>	4.2 NAME	- 1	
EET ADDRESS			4.3 STREE	T ADDRESS	
-ST-ZIP			4.4 CITY-S	ST-ZIP	
E .		L DELETE	5.1 TITLE	{	Change Addition
E			5.2 NAME		
:ET ADDRESS				TADDRESS	
-ST-ZIP			5.4 CITY-S	SI-ZIP	
=		L DELETE	6.1 TITLE	(Change L_ Addition
E			6.2 NAME		
ET ADDRESS			l	TADDRESS	
ST-ZIP	rtify that the information supplied with	this filing does not qualify for the	6.4 CITY-S exemptio		n 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 or an attachment with an address.

GNATURE:

Maron m. Kenny

Daytime Phone #