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

FILED
Jun 18 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 # **P97000010404 (6)** N/C 1/29/97

1. Corporation Name
~~NETWORK 21 OF FLORIDA INC~~
JND OF TAMPA, INC.

[redacted]

Principal Place of Business	Mailing Address
✓4025 HANCOCK ST SUITE 120 SAN DIEGO CA 92110	4025 HANCOCK ST SUITE 120 SAN DIEGO CA 92110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1997**

2. Principal Place of Business		2a. Mailing Address	
21	800 E. Bay Drive	26	800 E. Bay Drive
Suite, Apt. #, etc. 22	Suite C	Suite, Apt. #, etc. 27	Suite C
City & State 23	Largo, FL 33770	City & State 28	Largo, FL 33770
Zip 24 / Country 25	33770 / USA	Zip 29 / Country 30	33770 / USA

4. FEI Number: PenDinG ☐ 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

9. Name and Address of Current Registered Agent
✓ WOLFE, LARRY
200 - A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent
81 Name: Thomas McNamara
82 Street Address (P.O. Box Number is Not Acceptable): 2909 Bay to Bay BLVD
83 Suite 309
84 City: Tampa, **FL** 85 Zip Code: 33629

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 _______________ 6/9/98 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DORNAN, JAMES		1.2 NAME		
STREET ADDRESS	4025 HANCOCK ST SUITE 120		1.3 STREET ADDRESS	280 Gulf BLVD	
CITY-ST-ZIP	SAN DIEGO CA 92110		1.4 CITY-ST-ZIP	Bellair Shores, FL 33786	
TITLE		☐ DELETE	2.1 TITLE	V.P.	☐ Change ☒ Addition
NAME			2.2 NAME	Nancy Dornan	
STREET ADDRESS			2.3 STREET ADDRESS	280 Gulf BLVD	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Bellair Shores, FL 33786	
TITLE		☐ DELETE	3.1 TITLE	Secty, Treas	☐ Change ☒ Addition
NAME			3.2 NAME	Mary R Brink	
STREET ADDRESS			3.3 STREET ADDRESS	4025 Hancock St, #120	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	San Diego, CA 92110	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	500002564950	☐ Change ☐ Addition
NAME			6.2 NAME	-06/10/98--01017--035	
STREET ADDRESS			6.3 STREET ADDRESS	***158.75	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

12 6-18

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.

6/9/98 (619)