

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

FILED  
May 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 # P97000057300 (0)

1. Corporation Name

THE NETWORKING INSTITUTE, INC.

Principal Place of Business

Mailing Address

34350 US HWY 19 NORTH  
PALM HARBOUR FL 34684-2144

34350 US HWY 19 NORTH  
PALM HARBOUR FL 34684-2144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-3463848

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

2. Principal Place of Business

2a. Mailing Address

21 6077 BAHIA DEL MAR

26 6077 BAHIA DEL MAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3B-126

27 #3B-126

City & State

City & State

23 ST. PETERSBURG, FL.

28 ST. PETERSBURG, FL.

Zip

Country

Zip

Country

24 33715

25 USA

29 33715

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIGNARD-FUNG, RENEE  
34350 US HWY 19 NORTH  
PALM HARBOUR FL 34684-2144

81 Name

RENEE DIGNARD-FUNG

82 Street Address (P.O. Box Number is Not Acceptable)

6077 BAHIA DEL MAR

83

#3B-126

84

ST. PETERSBURG

FL

85 Zip Code

33715

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DIGNARD-FUNG, RENEE  
STREET ADDRESS 34350 US HWY 19 NORTH  
CITY-ST-ZIP PALM HARBOUR FL 34684-2144

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 6077 BAHIA DEL MAR #3B-126  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715

TITLE D ☐ DELETE  
NAME DIGNARD-FUNG, ROBERT  
STREET ADDRESS 34350 US HWY 19 NORTH  
CITY-ST-ZIP PALM HARBOUR FL 34684-2144

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6077 BAHIA DEL MAR #3B-126  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715

TITLE D ☒ DELETE  
NAME ROUHANI, KAMRAN  
STREET ADDRESS 34350 US HWY 19 NORTH  
CITY-ST-ZIP PALM HARBOUR FL 34684-2144

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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

Renée Dignard-Fung

5/30/98

(813)867.1232

CR2E034 (10/97)