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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700060081

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

04-12-1999 90018 032 ***150.00

NETWOR	RK SELECT, INC.									
Principal Place	of Business	Mailing Address				- 		LUIT Ba ufi I		DI KIDI IBBI
4938 W BAY WAY DR TAMPA FL 33629		4938 W BAY WAY DR TAMPA FL 33629 US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						07/10/1997				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		\sqcup		ed For
21		26				59-3456332		- 60.7		pplicable ditional
Suite; Apt. #, etc		Suite, Apt. #, etc.			5. Certifcate of Status Desired		*	Requ		
City & State		City & State				6. Election Campaign Financing		\$5.6	00 ма	ау Ве
23		28				Trust Fund Contribution	L)	Add	ed to F	ees
Zip	Country	Zip	Cour	intry		8. This corporation owes the curre			<u> </u>	
24	25	29	30			Personal Property Tax.		Yes	X	No
	9. Name and Address of Current	Registered Agent		241		10. Name and Address of New Re	egistered A	gent		
511.1	NOW FOUNDATIONS INC			81 N	lame					
	ancial foundations, inc. 3 Thaxton DR #37			82 S	Street Addres	ess (P.O. Box Number is Not Acceptate	ole)			
PALI	M HARBOR FL 34684		مزب	83			***	· 		
ļ			-5	84 C	City		FL	85 2	Zip Coo	de'
<u> </u>	1 0 - 4 007 050							hanging	its red	aistered
44 D		and 607 1500 Clarida Status	tee the al	hove-no	amed corno	ration submits this statement for the r				
	aniatared agent or both in the State of	FELANDA Such change was s	ת <i>ס</i> לתהמזוונ	i nu ino	amed corpor corporation	pration submits this statement for the p n's board of directors. I hereby accept	the appoint	tment a	s regis	tered
	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	FELANDA Such change was s	ת <i>ס</i> לתהמזוונ	i nu ino	amed corpore corporation	oration submits this statement for the p n's board of directors. I hereby accept	the appoint	tment a	s regis	tered
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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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 8/3-28L-8688
Date Dayline Phone #