FILE NOW: FILING FEE AFTER MAY 1ST IS \$ 200					
	PROFIT		RTMENT OF STATE	FILED	
CORPORATION ANNUAL REPORT			ine Harris	, *	
	1998 2000		ry of State SQRPORATIONS .	00 FEB 24	AM 8: 26
				SECRETAR	Ý OF STATE
DOCUMENT # P97 DOWS5772 VI. Corporation Name AAA UNIVERSAL NETWORKS, INC.				Speretary of State Talbahassee. Puorida	
	HAA UNIVE		•		
Principal Place of Business Mailing Address				7	•
2. 24850 OLD 41 ROAD, STE. 24					•
BONITA SPRINGS, FL 34/35				DO NOT WRITE 3. Date incorporated or Qualified	IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address				10-3-97 4. FEI Number	
21 24850 OLD 41 RUAD 26 SAME				59-3476398	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. Suite, Apt				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	□ \$5.00 May Be
Zip _	Country	Zip	Country	8. This corporation owes the curre	Added to Fees ent year Intangible Personal
24 341	/35 25 4 5円 9. Name and Address of Current		0-	Property Tax	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHRISTOPHER MENIER					
) :	82 Street Addre			ss (P.O. Box Number is Not Acceptable) 50 010 41 ROAD, 576.24	
{			83	150 OLD 41 ROAD	. 37E.24
			84 City		[85] Zip Code_
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 phancing 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, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	OFFICERS AND DI		(NOTE: Registered A	gent signature required when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS IN 12
TITLE	PRES. + TREAS. CHRISTOPHER S. M	DELETE DELETE	1.1 TITLE	300003	Change Addition S
STREET ADDRESS	2100 CORAL POINT	DR.	1.2 NAME 1.3 STREET ADDRESS	-03/07	7/0001102011 🕌
CITY - ST - ZIP	CAPE CORAL FL :	33990	1.4 CITY - ST - ZIP	*****1	50.00 ****150.00
NAME	V Pres. DEAN A. MENIER	DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	2100 CORAL POINT DE		2.3 STREET ADDRESS		
TITLE	Secretary	990DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME STREET ADDRESS	LINDA I MENIER		3.2 NAME	<u>.</u> ,	
CITY - ST_ZIP	2100 CORAL POINT OR CAPE CORAL EL 33	990	3.3 STREET ADDRESS	- 	
TITLE NAME		DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZIP	*		4.4 CITY - ST - ZIP		
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE	 	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
CITY - ST -ZIP			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 eorporation 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: 1/18/00 (941) 573-2700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					