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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

STREET ADDRESS

CHY-ST-ZIP

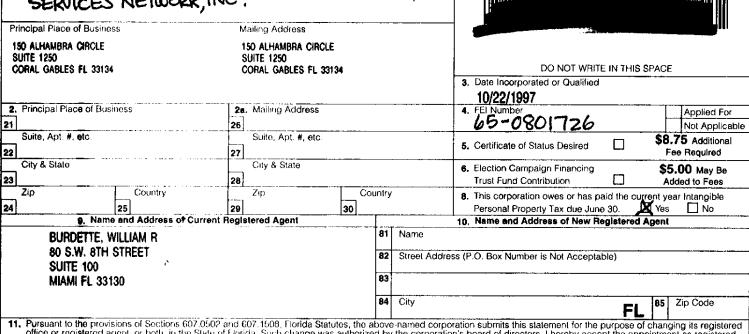
COPAL GABLES, PL 33134

DIVISION OF CORPORATIONS

POCUMENT # P97000090884

IMAGINEERS NETWORK, INC. SERVICES NETWORK, INC.

FILED May 15 1998 8:00am Secretary of State



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 punited name of registered agent and latest applicable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MYERS, WILLIAM A. DELETE 1.1 TITLE Change ___ Addition NAME 1.2 NAME 130 Alhambra Circle#1250 STREET ADDRESS COLAL GABLES FL 33134 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition BURDETTE WILLIAM R. 150 Alhambra arcle #1250 CORAL GABUS, FL 33134 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP SEC. + DIRECTOR 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HALL STEPHEN L. NAME 150 Alhambra Urde #1250 3.2 NAME STREET ADDRESS CORAL GABLES FL 33134 3.3 STREET ADDRESS CITY-ST-Z#P PRES. 8 DIRECTOR 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition ELLINGWOOD, MICHAEL NAME 150 Alhambia Circle #1250 4. 2 NAME STREET ADDRESS CORAL CABLES, FL 33134 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP WALKER KATHLEEN D. DELETE 150 Alhambia Circle, #1250 TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS Coral Gables, FL 33134 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE GERNER, EUZABETH Change 61 TITLE Addition 200002527992 NAME 150 Alhambra Circle #1250 6.2 NAME -05/19/98--01003--002 ***150.00

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 suppliemental armual 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.

6.3 STREET ADDRESS.

64 CITY-ST-ZIP

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