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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098586 (5)**

1. Corporation Name
CTS NETWORK, INC.

Principal Place of Business	Mailing Address
4141 W. WATERS AVE. **TAMPA FL 33614**	**4141 W. WATERS AVE.** **TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1997

2. Principal Place of Business
21: 8625 QUAIL RUN DR.
Suite, Apt. #, etc. 22:
City & State 23: WESLEY CHAPEL FL.
Zip 24: 33544 Country 25: PASCO

2a. Mailing Address
26: 8625 QUAIL RUN DR
Suite, Apt. #, etc. 27:
City & State 28: WESLEY CHAPEL FL.
Zip 29: 33544 Country 30: PASCO

4. FEI Number: 59-3482676 ☐ 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

CAMPBELL, DENNIS J
4141 W. WATERS AVE.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: STEVE PEARSON
82 Street Address (P.O. Box Number is Not Acceptable): 8625 QUAIL RUN DR.
83:
84 City: WESLEY CHAPEL FL 85 Zip Code: 33544

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: STEVE PEARSON PRESIDENT (Signature of appointed registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, DENNIS J 4141 W. WATERS AVE. TAMPA FL 33614	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P PRESIDENT STEVE PEARSON 8625 QUAIL RUN DR WESLEY CHAPEL FL. 33544	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: STEVE PEARSON 4/15/98 813-681-0005