

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90189 021 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000036902**

1. Corporation Name  
**PEOPLE'S NETWORK INTERNATIONAL, CORP.**



Principal Place of Business 1617 NORTH FLAGLER DRIVE SUITE 104 WEST PALM BEACH FL 33407	Mailing Address 1617 NORTH FLAGLER DRIVE SUITE 104 WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/22/1998</b>	4. FEI Number <i>Not Applicable</i>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>1717 N Flagler Dr</b> Suite, Apt. #, etc. 22 <b>STE 2</b> City & State 23 <b>W Palm Beach FL</b> Zip Country 24 <b>33407</b> 25 <b>US</b>	2a. Mailing Address 26 <b>P.O. Box 2618</b> Suite, Apt. #, etc. 27 City & State 28 <b>Palm Beach FL</b> Zip Country 29 <b>33480</b> 30 <b>US</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN SCHEPEN, BRENDA DEE**  
 1617 NORTH FLAGLER DRIVE  
 SUITE 104  
 WEST PALM BEACH FL 33407

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

**1717 N Flagler Dr**  
**STE 2**  
**West Palm Beach FL**  
**33407**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VanSchepen Brenda D</b>	1.2 NAME	
STREET ADDRESS	<b>11735 150th Ct North</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jupiter, FL 33478</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mesy, Hector C</b>	2.2 NAME	
STREET ADDRESS	<b>1717 N Flagler Drive</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Brenda D. VanSchepen* **Brenda D. VanSchepen** 4/26/99 (561)830-3945  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)