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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S09426 (5)

AMERICAN NETWORK REAL ESTATE, INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6365 N.W. 6TH WAY 6365 N.W. 6TH WAY SHITE 180 SHITE 160 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0225199 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes X No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RENZULLI, EDWARD M 81 Name 6365 N.W. 6TH WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 160 83 FT. LAUDERDALE FL 33309 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 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 TITLE RENZULLI, EDWARD M NAME 1.2 NAME 6365 N.W. 6TH WAY, SUITE 160 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition. TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ DELETE __ Change Addition TITLE 6.1 TITLE 6,2 NAME NAME STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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 excurate and officer or director of the corporation or the receiver or trustee empowered to execute this Block 12 or Block 13 if changed in the supplemental annual report is true and execute this Block 12 or Block 13 if changed in the supplemental annual report is true and execute this block 12 or Block 13 if changed in the supplemental annual report is true and execute this block 12 or Block 13 if changed in the supplemental annual report is true and execute this block 12 or Block 13 if changed in the supplemental annual report is true and execute the supplemental annual report is true annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the supplemental annual report is true annual report in the ecurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

EDWARD M. RENZUlli, PRES (954)776-8700