

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 PM 2:52****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # S15729****(4)**

1. Corporation Name

NOW NETWORKING, INC.

Principal Place of Business

**16698 NW 54TH AVE
MIAMI FL 33014**

Mailing Address

**16698 NW 54TH AVE
MIAMI FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1990

3a. Date of Last Report

07/21/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

APPLIED FOR 65-0561838

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 has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

29

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY
4651 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

B1 Name

**NEAL FARR
~~NEAL FARR~~ ~~McCLASKEY & FARR~~**

B2 Street Address (P.O. Box Number is Not Acceptable)

1550 MADRUGA AVE.

B3

SUITE 120

B4 City

CORAL GABLES

FL

B5 Zip Code

33146

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

NEAL FARR**4/28/95**

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reappointing)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
PEARSON, DENNIS
8500 SW 118 ST
MIAMI FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☒ Change ☐ Addition**33156**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
FINTZ, ISRAEL
242 NE 199 TERR
N MIAMI BEACH FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☒ Change ☐ Addition**33159**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
JONATHAN KLEIN**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**D
KLEIN, JONATHAN
15842 STONE TOWER ST.
DAVIE FL 33331**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this 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:

Dennis B Pearson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/17/95**

Date

**305
620-2710**

Telephone Number