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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:49

DOCUMENT # **S25744** (1)

1. Corporation Name
THE HEALTHNET PAGES TM INC.

Principal Place of Business	Mailing Address
500 NW 165TH ST. RD #100 MIAMI FL 33169	500 NW 165TH ST. RD #100 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1991
3a. Date of Last Report: 11/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0301007 ☐ 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

9. Name and Address of Current Registered Agent

NEDD, KENNETH J
500 NW 165TH ST. RD. #100
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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: Kenneth J. Nedd — DATE: 5/25/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	NEDD, KENNETH J	12 NAME	*	
STREET ADDRESS	1460 NW 196TH TERR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE	Vice President + Director	☒ Change ☐ Addition
NAME	NORRIS, ARCHIBALD	22 NAME	Norris Archibald	
STREET ADDRESS	1012 RUTLAND ROAD	23 STREET ADDRESS	1212 Rutland Road	
CITY-ST-ZIP	BROOKLYN NY 11212	24 CITY-ST-ZIP	Brooklyn, NY 11212	
TITLE	Chairman / Director	31 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	Kester Nedd	32 NAME	Lauldi Nedd	
STREET ADDRESS	18831 W Oakmont Dr. *	33 STREET ADDRESS	18831 W Oakmont Drive	
CITY-ST-ZIP	Miami, FL 33015	34 CITY-ST-ZIP	Miami, FL 33015	
TITLE	Director	41 TITLE		☐ Change ☒ Addition
NAME	Winston McLean **	42 NAME	**	
STREET ADDRESS	3126 NE 209th Terrace, Miami, FL 33180	43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE	Director	51 TITLE		☐ Change ☒ Addition
NAME	Baryh Green ***	52 NAME	***	
STREET ADDRESS	1611 NW 12th Avenue	53 STREET ADDRESS		
CITY ST ZIP	Miami 33131	54 CITY ST ZIP		
TITLE	Director	61 TITLE		☐ Change ☒ Addition
NAME	Joe Hodge ****	62 NAME	****	
STREET ADDRESS	Estate Thomas 6-1	63 STREET ADDRESS		
CITY ST ZIP	St. Thomas U.S.V.I 00801	64 CITY ST ZIP		

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 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: Kenneth J. Nedd — 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Telephone Number

0184203 CP