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te Incorporated or Qualified	3a. Date of L	ast Rep 3/199		
Number	1 04.		optied For	
59-3119908		N	ot Applicable	
ertificate of Status Desired	□ \$		Additional equired	
ection Campaign Financing ust Fund Contribution			May Be to Fees	
is corporation has liability for in orida Statutes Yes	ntangible tax u	nder s	199.032,	
ame and Address of New R	egistered Age	ent]
E L. GERAS				
Box Number is Not Acceptab	le)			
Mullen Booth	Road			
iter	FL	1 3	Code 34621	
ILEI				ι.
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	V29818	(4)
	REFERRAL NETWORK	, INC.

			-{	inii dinii ardi	, Bibli Bibli Bi l	fil Ardit (Ap)			
Principal Place o	f Business	Mailing Address							
	EN BOOTH ROAD	3165 MCMULLEN B	DAON HTOO						
BLDG. 3. SUIT	TE B	BLDG. 3. SUITE B	4634				Ta Data	of Last Rep	ort
CLEARWATER	FL 34621	CLEARWATER FL S	94021			3. Date Incorporated or Qualified		or Last Rep 1/13/1995	
						04/16/1992	U4	·	optied For
2. Principal Plac	ne of Business	2a. Mailing Address				4. FEI Number		<u> </u>	ot Applicable
21		26				59-3119908			Additional
Suite Apt. #.	, etc.	Suite, Apt. #, etc	•			5. Certificate of Status Desired			equired
22	•	27							May Be
City & State		City & State				Election Campaign Financing Trust Fund Contribution			to Fees
23		28				B. This corporation has liability for	intanoible ta	x under s 1	199.032,
Zip	Country	Zip	Cou	ntry		Florida Statutes Yes	∏ No	.,	
24	25	29	[30]			10. Name and Address of New F		Agent	
	9. Name and Address of Cur	rent Registered Agent		81	Name	JOYCE L. GERAS			
				1 1		JUICE L. GERAS	-do)		
	I, BRUCE M.			82	Street Addre	ess (P.O. Box Number is Not Acceptal 5 McMullen Booth	. B∪ad		
	CHER ROAD NORTH			83					
CLEARW	VATER FL 34625				Bui	lding 3		7	Codo
ļ.					City (1)	earwater	۳L	1 1 2	Code 4621
					CTE	ration submits this statement for the pu	irpose of ch	anging its re	egistered office
11. Pursuant 1	o the provisions of Sections 607.0	502 and 607,1508, Florida S Toola Srich change was aut	tatutes, the and horized by the	corpor	ation's boa	and of directors. I hereby accept the app	nointment as	registered	agent. I am
or register	er agent, or noth, in the state of a n, and accept the obligations of	ection 607 0505, Florida Sta	tutes.			earwater ration submits this statement for the purificial proof of directors. I hereby accept the app	4/27/	96	
SIGNATURE	190110.	アナマレハ かんとく				ad when reinstation)	DATE		
SIGNATORE	Signatu Typed overinted name of registated	AND INFECTORS	13.	a Ages.	sgra ore record	ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
12.		DELETE		TITLE		DD		Change	Addition
TITLE	PTD			NAME		GERAS, JOYCE L.	(see	: atta	iched)
NAME	GERASIMOVICH, JOYCE			STREFT A	DDBESS				
STREET ADDRESS	3165 MCMULLEN BOOTH	1 KU		CHY-ST	1				
CITY-ST-7IP	CLEARWATER FL	DELFTE		TITLE		VM		Change	Addition
TITLE	VSD	C berrie	1	NAME		LAFFERTY, JANE?	L.		
NAME	AWAD, LYNN M.	u DN	_		ADDRESS	3165 McMullen I	Booth	Rd.	
STREET ADDRESS	3165 MCMULLEN BOOTI	עא ה		CI(Y-SI		Clearwater, FL	3462	21	
CITY - ST - ZIP	CLEARWATER FL	DELET		TITLE		ጥር		☐ Change	X Addition
TITLE		L_J OLCEN		NAME		REDDY, PATRICIA	4 J.	_	•
NAME	ļ.				ADDRESS	3165 McMullen	Booth	Rd.	
STREET ADDRESS				CITY-SI	l	Clearwater, FL	3462	21	
CITY-ST-ZIP		n delei		TITLE				Change	☐ Addition
TITLE	,	FT -2000	•	NAME	1				
NAME	· ;				ADDRESS				
STREET ADDRESS	1 1			CITY - S					
CITY-ST-ZIP	<u> </u>	[] DELET		1 TITLE				Change	Addition
TITLE		L. VICE.	· .	NAME	Ì				
NAME		3			ADORESS				
STREET ADDRESS	5			4 D:TY - S					
CITY-ST-ZIP		F Dr. F		4 TITLE				Change	Addition

6.4 CITY - ST - 7IP 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)(k), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607.

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

E AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(813) 791-8100

Daytime Phone #