

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

FILED

**Jun 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V62595 (6)

1. Corporation Name
AFFILIATED NETWORKS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2701 S BAYSHORE DR STE 403 COCONUT GROVE FL 33133 US	Mailing Address 2701 S BAYSHORE DR STE 403 COCONUT GROVE FL 33133 US
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3. Date Incorporated or Qualified 09/09/1992	
4. FEI Number 65-0354269	Applied For <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent

**SCHWEDEL, DAVID A
2701 S BAYSHORE DRIVE
SUITE 403
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SCHWEDEL, DAVID A	
STREET ADDRESS	2701 S. BAYSHORE DRIVE, SUITE 403	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEDER, RENEE H.	
STREET ADDRESS	1581 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROMBINO, ROGER A.	
STREET ADDRESS	14501 SW 79TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEDEL, RENEE H	
STREET ADDRESS	1581 BRICKELL AVE., #1505	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DAN GALLAGHER, Director	<input type="checkbox"/> DELETE
NAME	DAN GALLAGHER, Director	
STREET ADDRESS	4803 Shadywood Lane	
CITY-ST-ZIP	Colleyville, TX. 76034	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GEORGE GLAZER	
STREET ADDRESS	42C Stratford Lane	
CITY-ST-ZIP	Boynton Beach, FL. 33436	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan Gallagher	
1.3 STREET ADDRESS	4803 Shadywood Lane	
1.4 CITY-ST-ZIP	Colleyville, TX 76034	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Glazer	
2.3 STREET ADDRESS	42-C Stratford Lane	
2.4 CITY-ST-ZIP	Boynton Beach, FL. 33436	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(j), 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.

CR2E034 (10/97)