

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V74255

(3)

1. Corporation Name

GATOR NETWORK SERVICES, INC.

Principal Place of Business

780 SE 2 AVE  
#C-208  
DEERFIELD BEACH FL 33441  
US

Mailing Address

780 SE 2 AVE  
#C-208  
DEERFIELD BEACH FL 33441  
US

2. Principal Place of Business

21 3490 BANKS ROAD  
Suite, Apt. #, etc. # 201

22 City & State MARGATE, FL

23 Zip 33063 Country USA

2a. Mailing Address

26 3490 BANKS ROAD  
Suite, Apt. #, etc. # 201

27 City & State MARGATE, FL

28 Zip 33063 Country USA

9. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL  
780 SE 2 AVE  
#C-208  
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

10/26/1992

4. FEI Number

65-0368156

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 3490 BANKS ROAD # 201

84 City MARGATE

FL

85 Zip Code 33063

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 Michael Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT/VISIT  
NAME WILLIAMS, MICHAEL  
STREET ADDRESS 780 SE 2 AVE #C-208  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT/VISIT  
1.2 NAME WILLIAMS, MICHAEL  
1.3 STREET ADDRESS 3490 BANKS ROAD #201  
1.4 CITY-ST-ZIP MARGATE, FL 33063

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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)(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 MICHAEL WILLIAMS

SIGNATURE Michael Williams

FILED  
Aug 19 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)

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**Gator Network Services, Inc.**  
3490 Banks Road, # 201  
Margate, FL 33063

August 6, 1998

**Florida Department of State**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Gator Network Services, Inc. (V74255) Annual Report

Dear Sir or Madam,

I have received a second notice from your office requesting that I file an annual report. I have no record of having received a first notice. Therefore, I have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept the report and my payment as payment in full as I did not receive your first notice. Thank you for your consideration and cooperation in this matter. Also, please note the address change for the corporation. Thank you for your assistance.

Very Truly Yours,

Michael A. Williams, President

*Michael Williams*