

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P09417 (7)**

1. Corporation Name
SERVICE NET, INC.



Principal Place of Business

**4234 FAIRWAY CIRCLE
TAMPA FL 33624
US**

Mailing Address

**4234 FAIRWAY CIRCLE
TAMPA FL 33624
US**

3. Date Incorporated or Qualified
03/14/1986

3a. Date of Last Report
11/27/1995

2. Principal Place of Business
21 **777 HARBOR ISLAND BLVD**

2a. Mailing Address

26 Sub-Apt. #, etc.

22 **760**

27 City & State

23 **TAMPA FL**

28 City & State

24 **33602**

25 **NEW YORK**

29 Zip

30 Country

4. FEI Number
13-3333200

Apply For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor

\$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

**SMITH, TREVOR G
4234 FAIRWAY CIRCLE
TAMPA FL 33624**

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 607.0602 and 607.1305, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office location and to accept the appointment of the above named registered agent. I, the undersigned, hereby accept the appointment as registered agent. I am

SIGNATURE

Trevor G. Smith

12. OFFICERS AND DIRECTORS

12.1 NAME	CPD SMITH, TRVORAM G	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	4234 FAIRWAY CIRCLE	
12.3 CITY, ST, ZIP	TAMPA FL 33624	
12.4 TITLE	EVPD	<input type="checkbox"/> DELETE
12.5 NAME	SMITH, NOLA R	
12.6 STREET ADDRESS	4234 FAIRWAY CIRCLE	
12.7 CITY, ST, ZIP	TAMPA FL 33624	
12.8 TITLE	VPD	<input type="checkbox"/> DELETE
12.9 NAME	SMITH, FORD B	
12.10 STREET ADDRESS	4234 FAIRWAY CIRCLE	
12.11 CITY, ST, ZIP	TAMPA FL 33624	
12.12 TITLE	VPD	<input type="checkbox"/> DELETE
12.13 NAME	SMITH, MALENA C	
12.14 STREET ADDRESS	4234 FAIRWAY CIRCLE	
12.15 CITY, ST, ZIP	TAMPA FL 33624	
12.16 TITLE	DAS	<input checked="" type="checkbox"/> DELETE
12.17 NAME	BUCHANAN, WILLIAM H. JR.	
12.18 STREET ADDRESS	299 PARK AVE.	
12.19 CITY, ST, ZIP	NEW YORK, NY.	
12.20 TITLE	S	<input checked="" type="checkbox"/> DELETE
12.21 NAME	FORSBERG, SHIRLEY A	
12.22 STREET ADDRESS	299 PARK AVENUE	
12.23 CITY, ST, ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	TREVOR G. SMITH	
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE	EVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(g), Florida Statutes. I further certify that the information furnished on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, I do hereby certify that I am a resident of the State of Florida.

SIGNATURE:

Trevor G. Smith **TREVOR G. SMITH**

PH 329-5555

CR2E034 (12/95)