

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90033 026 ***150.00

0553135

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000003907

1. Corporation Name
NOVANET LEARNING, INC.

Principal Place of Business 3450 E SUNRISE DR #140 TUCSON AZ 85718 US	Mailing Address 3450 E SUNRISE DR #140 TUCSON AZ 85718 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1994
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number - 06-1122871
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, KIRTLAND C III	
STREET ADDRESS	2401 PLACITA SIN LUGURIA	
CITY-ST-ZIP	TUCSON AZ 85718	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHELLE SHERMAN	
STREET ADDRESS	23150 RADCLIFF	
CITY-ST-ZIP	OAK PARK MI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KRAMER, KENNETH	
STREET ADDRESS	248 W. CONGRESS	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARDEN, DON H.	
STREET ADDRESS	400 RENAISSANCE CTR	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIGGS, TAYLOR	
STREET ADDRESS	27 W. 55TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALE LICK	
STREET ADDRESS	205 DOBBS HALL	
CITY-ST-ZIP	TALLAHASSEE FL 32306	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(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, with all other like empowered.

SIGNATURE: **NOVNET REQUIRED** 3/12/99 520-615-7600
Signature and typed or printed name of signing officer or director Date Daytime Phone #

10/11/99