

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

~~PROFIT~~
~~CORPORATION~~
~~ANNUAL REPORT~~
 1996



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

APPROVED
 AND
 FILED

96 DEC 20 PM 2:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000006572 (1)

1. Corporation Name

NETCOMM, INCORPORATED
 1996 REINSTATEMENT

Principal Place of Business

Mailing Address

24 PUNCH BOWL DRIVE
 WESTPORT CT 06880

24 PUNCH BOWL DRIVE
 WESTPORT CT 06880

3. Date Incorporated or Qualified 12/23/1994
 3a. Date of Last Report 03/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 06-1045515
 Applied For Not Applicable

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

XL CORPORATE SERVICES, INC.
 4435 OLD WINTER GARDEN ROAD
 ORLANDO FL 32811

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 607.0506, Florida Statutes.

SIGNATURE

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

(If Not Registered Agent signature required when reinstating)

DATE

Marc D. Moel

Marc D. Moel
 Assistant Secretary

12/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME PC LEVIN, DAVID
 STREET ADDRESS 24 PUNCH BOWL DRIVE
 CITY - ST - ZIP WESTPORT CT 06880

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

Change Addition

TITLE DELETE
 NAME VCS LEVIN, JUDITH
 STREET ADDRESS 24 PUNCH BOWL DRIVE
 CITY - ST - ZIP WESTPORT CT 06880

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

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

Change Addition
 200002039042--1
 -12/27/96--01043--005
 ****375.00 ****375.00

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

Change Addition

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith S. Levin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-96
 Date

83-226-1110
 Daytime Phone #

CR2E034 (3/96)

REINSTATEMENT 1996

A. Alan
 12/20/96