

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P37763 (0)

1. Corporation Name

NET/TECH INTERNATIONAL, INC.



Principal Place of Business

1900 GRAND AVENUE  
BALDWIN NY 11510

Mailing Address

1900 GRAND AVENUE  
BALDWIN NY 11510

3. Date Incorporated or Qualified  
03/05/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 4255 Route 9

Suite, Apt. #, etc.

22 Bldg 5 / Suite C

City & State

23 Freehold NJ

Zip

24 07728

Country

25 Monmouth

2a. Mailing Address

25 4255 Route 9

Suite, Apt. #, etc.

27 Bldg 5 / Suite C

City & State

28 Freehold NJ

Zip

29 07728

Country

30 Monmouth

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHARD, MARK  
304 PALERMO AVENUE  
CORAL GABLES FL 33134

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

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 CD  
NAME WILHELM, FREDERICK C.S.  
STREET ADDRESS 35 BEDFORD AVE.  
CITY-ST-ZIP BUFFALO NY

☐ DELETE

TITLE VTS  
NAME ABELSON, STUART  
STREET ADDRESS 28H EDINGBURGH DR.  
CITY-ST-ZIP CRANBURY NJ

☐ DELETE

TITLE D  
NAME PRIVETERA, JOSEPH  
STREET ADDRESS 1520 LONG BEACH BLVD.  
CITY-ST-ZIP SHIP BOTTOM NJ

☐ DELETE

TITLE D  
NAME RICHARD, DANIEL  
STREET ADDRESS 305 RIM SHADOWS DRIVE  
CITY-ST-ZIP SEDONA AZ

☐ DELETE

TITLE President  
NAME Glenn Cohen  
STREET ADDRESS 4255 Route 9  
CITY-ST-ZIP Freehold NJ 07728

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

800001815108  
-05/09/96--01063--040  
\*\*\*200.00

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Abelson 4/30/96 908-845-0600

Date

Daytime Phone #

CR2E034 (12/95)