

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

DOCUMENT # P95000047362 (5)

1. Corporation Name

NET GROUP OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

**300 NORTHBRIDGE PAVILION
 515 N. FLAGLER DR.
 W. PALM BEACH FL 33401**

**300 NORTHBRIDGE PAVILION
 515 N. FLAGLER DR.
 W. PALM BEACH FL 33401**

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **13281 CRISA DRIVE**

26 **13281 CRISA DRIVE**

4. FEI Number
65-0605139

Applied For
 Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

City & State

City & State

23 **PALM BEACH GARDENS, FL**

28 **PALM BEACH GARDENS, FL**

6. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

24 **33410-1492** 25 **LISA**

29 **33410-1492** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

• **SCHNEIDER, JOHN C ESO
 300 NORTHBRIDGE PAVILION
 515 N. FLAGLER DR.
 W. PALM BEACH FL 33401**

81 Name

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

1001 Flagler Center

83 **505 S. Flagler Drive**

84 City
West Palm Beach

FL

85 Zip Code
33401

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 type for printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

F/T/D

BRUCE M. ROTHENBERG

13281 CRISA DRIVE

PALM BEACH GARDENS, FL 33410-1492

V/S/D

JOSEPH A. ROTHENBERG

13281 CRISA DRIVE

PALM BEACH GARDENS FL 33410-1492

800001917678

-08/09/96--01030--011

*****225.00**

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

SIGNATURE:

BRUCE M. ROTHENBERG

08/02/96 361691-9673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR