

**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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P95000058381 (1)  
1. Corporation Name

96 SEP -6 AM 9: 01



BK 9/12/96

NETAGE, INC.

Principal Place of Business

Mailing Address

1315 SOUTH LANE AVENUE  
JACKSONVILLE FL 32205

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JACKSONVILLE FL 32205

3. Date Incorporated or Qualified 07/25/1995  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3329894  
Applied for Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. 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

RAMAMURPHY, NAGAPPAN  
1315 SOUTH LANE AVENUE  
JACKSONVILLE FL 32205

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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*N. Ramamurthy*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. TITLE	MR. N. RAMAMURTHY	Change	<input checked="" type="checkbox"/>	Addition
12. NAME	PRESIDENT			
13. STREET ADDRESS	1315, SOUTH LANE AVENUE			
14. CITY - ST - ZIP	JACKSONVILLE - FL - 32205			
21. TITLE	MR. GURUNATH HALADY	Change	<input checked="" type="checkbox"/>	Addition
22. NAME	VICE PRESIDENT			
23. STREET ADDRESS	9951, ATLANTIC BLVD			
24. CITY - ST - ZIP	JACKSONVILLE - FL - 32225			
31. TITLE		Change	<input type="checkbox"/>	Addition
32. NAME				
33. STREET ADDRESS	600001951026			
34. CITY - ST - ZIP	-09/19/96--01001--023			
41. TITLE	****225.00	Change	<input type="checkbox"/>	Addition
42. NAME	****225.00			
43. STREET ADDRESS				
44. CITY - ST - ZIP				
51. TITLE		Change	<input type="checkbox"/>	Addition
52. NAME				
53. STREET ADDRESS				
54. CITY - ST - ZIP				
61. TITLE		Change	<input type="checkbox"/>	Addition
62. NAME				
63. STREET ADDRESS				
64. CITY - ST - ZIP				

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: *N. Ramamurthy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/96 961124-7000

CR2E034 (3/96)