

Amended #61.25

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **995000058381**

1. Corporation Name  
**NETAGE INC**

Principal Place of Business  
**9951, ATLANTIC BLVD  
SUITE # 310  
JACKSONVILLE, FL-32225**

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 <b>9951, ATLANTIC BLVD</b>	26 <b>9951, ATLANTIC BLVD</b>
22 <b>SUITE # 310</b>	27 <b>SUITE # 310</b>
23 <b>JACKSONVILLE</b>	28 <b>JACKSONVILLE, FL</b>
24 <b>FL-32225</b>	29 <b>32225</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>07/25/95</b>	3a. Date of Last Report
4. FEI Number <b>59-3229894</b>	Applied For or Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MR. NAGAPPAN RAMAMURTHY,  
1315, SOUTH LANE AVENUE,  
JACKSONVILLE, FL-32225**

10. Name and Address of New Registered Agent

81 Name <b>GURUNATH M HALADY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9951, ATLANTIC BLVD</b>
83 <b>SUITE # 310</b>
84 City <b>JACKSONVILLE FL</b>
85 Zip Code <b>32225</b>

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 approved 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: **GURUNATH M. HALADY**  
Signature, typed or printed name of registered agent and title of applicant (NOTE: If a new signature is required when reinstalling) **PRESIDENT** DATE: **12/2/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>N. RAMAMURTHY</b>	
STREET ADDRESS	<b>1315, SOUTH LANE AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL-32225</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GURUNATH M HALADY</b>	
1.3 STREET ADDRESS	<b>9951 ATLANTIC BLVD, SUITE #</b>	
1.4 CITY-ST-ZIP	<b>310, JAX. FL-32225</b>	
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		

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**-12/19/97-01085-004**  
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a 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, as an attachment with an address.

SIGNATURE: **GURUNATH M. HALADY** DATE: **12-2-97** TELEPHONE: **904-724-7000**

CR2E034 (9/96)