

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90025 027 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000058381**

1. Corporation Name  
**NETAGE, INC.**



Principal Place of Business  
 9951 ATLANTIC BLVD.  
 SUITE 310  
 JACKSONVILLE FL 32225  
 US

Mailing Address  
 9951 ATLANTIC BLVD.  
 SUITE 310  
 JACKSONVILLE FL 32225  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **9951 ATLANTIC BLVD**  
 Suite, Apt. #, etc.  
 22 **SUITE # 310**  
 City & State  
 23 **JACKSONVILLE FL**  
 Zip Country  
 24 **32225** 25 **U.S.A.**

2a. Mailing Address  
 26 **9951 ATLANTIC BLVD**  
 Suite, Apt. #, etc.  
 27 **SUITE # 310**  
 City & State  
 28 **JACKSONVILLE FL**  
 Zip Country  
 29 **32225** 30 **U.S.A.**

3. Date Incorporated or Qualified  
**07/25/1995**

4. FEI Number  
**59-3329894**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HALADY, GURUNATH M**  
**9951 ATLANTIC BLVD.**  
**SUITE 310**  
**JACKSONVILLE FL 32225**

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 DATE **1-6-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **P HALADY, GURUNATH M**  
 STREET ADDRESS **9951 ATLANTIC BLVD., STE. 310**  
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

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  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attached form with an address, with all other like empowered.

SIGNATURE: DATE **1-6-99** 904-724-7000  
 (NOTE: Registered Agent signature required when reinstating)

CR2E034 (1/198)