

**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. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089048 (9)

1. Corporation Name

NETCOM CONSULTING, INC.



Principal Place of Business: **811 E. HILLSBORO BLVD., STE 206 DEERFIELD BEACH FL 33441**
Mailing Address: **811 E. HILLSBORO BLVD., STE 206 DEERFIELD BEACH FL 33441**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report
21. State Apt # etc	26. State Apt # etc	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.012 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAHRKORPI, TERO S 811 E. HILLSBORO BLVD., STE 206 DEERFIELD BEACH FL 33441				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	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: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11. TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	SAHRKORPI, TERO S		12. NAME				
STREET ADDRESS	811 E. HILLSBORO BLVD., STE 206		13. STREET ADDRESS				
CITY, ST, ZIP	DEERFIELD BEACH FL 33441		14. CITY, ST, ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		<input type="checkbox"/> DELETE	21. TITLE				
NAME			22. NAME				
STREET ADDRESS			23. STREET ADDRESS				
CITY, ST, ZIP			24. CITY, ST, ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		<input type="checkbox"/> DELETE	31. TITLE				
NAME			32. NAME				
STREET ADDRESS			33. STREET ADDRESS				
CITY, ST, ZIP			34. CITY, ST, ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		<input type="checkbox"/> DELETE	41. TITLE				
NAME			42. NAME				
STREET ADDRESS			43. STREET ADDRESS				
CITY, ST, ZIP			44. CITY, ST, ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		<input type="checkbox"/> DELETE	51. TITLE				
NAME			52. NAME				
STREET ADDRESS			53. STREET ADDRESS				
CITY, ST, ZIP			54. CITY, ST, ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE		<input type="checkbox"/> DELETE	61. TITLE				
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY, ST, ZIP			64. CITY, ST, ZIP				

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***375.00**

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report is true and accurate and that the signatory 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *TERO SAHRKORPI*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/96 954-426377
0588/19/96
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CR2E034 (3/96)