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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000089048 (9)

NETCOM CONSULTING, INC.

Principal Place of Business Mailing Address 811 E. HILLSBORO BLVD., STE 206 811 E. HILLSBORO BLVD., STE 206

APPROVED AND FILLED

1997 JUL 30 FH 2: 11

SECRETARY OF STATE WILLAMASSER, FLORIDA



| DEERFIELD BE                | EACH FL 33441   | DEERFIELD BEACH FL 3                              | 3441-3521              |   |   |  |
|-----------------------------|---|---|------------------------|---|---|--|
|                             |   |   |                        |   | Date Incorporated or Qualified     11/21/1995   | 3a. Date of Last Report 08/19/1996     |
|                             | ace of Business   | 2a. Mailing Address                               |                        |   | 4. FEI Number   | Applied For                            |
| 21[<br>Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                               |                        | -APPLIED FOR 65-0                                     | 72 3/48 Not Applicable  |  |
| 22                          |   | <b>├</b>  | 27                     |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Regulred         |
| City & State                |   | City & State                                      |                        |   | 6. Election Campaign Financing  | \$5.00 May Be                          |
| 23                          |   | 28  | 28                     |   | Trust Fund Contribution Added to Fees   |  |
| Ζiρ                         | Country   | Zip   | Count                  | ry  | 8. This corporation has liability for inte  |  |
| 24                          | 25  | 29  | 30                     |   |   | Yes No                                 |
|                             | 9. Name and Address of Curre  | nt Registered Agent                               | 8                      | 1 Name  | 10. Name and Address of New Regis   | stered Agent                           |
| SAHRAKORPI, TERO S          |   |   |                        | Name  |   |  |
|                             | e. Hillsboro BLVD., Ste 20<br>Refield Beach FL 33441  | 5   | 8                      | 82 Street Address (P.O. Box Number is Not Acceptable) |   | )                                      |
| VEC                         | PRIED DEVOU LE 99441  |   | 8                      | 3   |   |  |
|                             |   |   | Ĺ.                     |   |   |  |
| •                           |   |   | 8                      | 4 City  |   | FI 85 Zip Code                         |
| Office of re                | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stal-<br>m familiar with, and accept the oblig | e of Fiorida. Such change was                     | authorized I           | by the corbo  | corporation submits this statement for the pur<br>oration's board of directors. I hereby accept t | coco of changing its sociatored        |
| SIGNATURE                   |   |   |                        |   |   |  |
| 12.                         | Signature, typed or printed name of registered ap   | ent and title if applicable. (NO:<br>VD DIRECTORS |                        | gent signature re                                     |   | DATE                                   |
| trile                       | D   | DELETE  | 13.<br>1.1 THILE       | T   | ADDITIONS/CHANGES TO OFFICER  | S AND DIRECTORS IN 12  Change Addition |
| NAME                        | SAHRAKORPI, TERO S  |   | 1.2 NAM                |   | פככתמחמים   |  |
| STREET ADDRESS              | 811 E. HILLSBORO BLVD., S   | TE 208  |                        | ET ADDRESS  | -08/05/97   | 583 <b>473</b>  <br>?01083019          |
| CITY-ST-ZIP                 | DEERFIELD BEACH FL 33441  |   | 1.4 CiTY               |   | ****165.  | 00 ****165.00                          |
| TITLE                       | •   | DELETE  | 2.1 TITLE              |   |   | ☐ Change ☐ Addition                    |
| NAME                        |   |   | 2.2 NAME               | :   |   |  |
| STREET ADDRESS              |   |   | 2.3 STRE               | ET ADDRESS  |   |  |
| CITY-ST-ZIP                 |   | The state   | 2. 4 CITY              |   |   |  |
| TITLE                       |   | ☐ DELETE  | 3.1 TITLE              |   |   | Change Addition                        |
| NAME<br>CZREST ADDRESS      |   |   | 3.2 NAME               | ·   |   |  |
| STREET ADDRESS  CITY-ST-ZIP |   |   |                        | E1 ADDRESS  |   |  |
| TITLE                       | ***   | DELETE  | 3.4. CITY<br>4.1 TITLE |   |   | Change Addition                        |
| NAME                        |   |   | 4. 2 NAM               |   |   | T Sumana T HORITON                     |
| STREET ADDRESS              |   |   |                        | ET ADDRESS  |   |  |
| CITY-ST-ZIP                 |   |   | 4.4 CITY-              | i i   |   |  |
| TITLE                       | _   | DELETE  | 5.1 TITLE              |   |   | Change Addition                        |
| NAME                        |   |   | 5.2 NAME               | :   |   |  |
| STREET ADDRESS              |   |   | 5.3 STREE              | ET ADDRESS  |   |  |
| CITY-ST-ZIP                 |   |   | 5.4 CITY-              |   |   |  |
| TITLE                       | •   | ☐ DELETE  | 6.1 TITLE              |   |   | ☐ Change ☐ Addition                    |
| NAME<br>EXPECT APPROVED     | •   |   | 6.2 NAME               |   |   | 2187.20                                |
| STREET ADDRESS              |   |   |                        | T ADDRESS   |   | ιχη <b>λ</b> ΟΝ '                      |
| CITY-ST-ZIP                 |   |   | 6.4 CITY-              | S1-ZIP  |   | , II ,                                 |

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an attachment with an address.

TERM SAHRAFARAL