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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

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

FILED May 28 1998 8:00am Secretary of State



DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 980 N Federal Hwy Not Applicable 21 980 N Federal Hwy 65-0723 168 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ste 303 ste 303 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Boca Raton FL Boca Raton FL 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 USA 33432 30 USA 33432 Yes 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAHRAKORPI, TERO S Sahrakorpi Tero S 811 E. HILLSBORO BLVD., STE 206 82 Street Address (P.C. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 83 ste 303 84 CitBoca Raton 33432 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 (NOT): Registered Agent signature required when re-instating) Signature, typed or printed name of registered agest and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE 1.1 TITLE **Sahrakorpi, Tero S** NAME 1.2 NAME 980 N Federal Hwy, ste 303 811 E. HILLSBORO BLVD., STE 206 STREET ADDRESS 1.3 STREET ADORESS Boca Raton, FL 33432 DEERFIELD BEACH FL 33441 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 Tille 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 attachment with an address.

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