


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90143 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000030368

1. Corporation Name
NETCOM-TECHNOLOGIES, INC.

Principal Place of Business 14501 NETTLE CREEK ROAD TAMPA FL 33624	Mailing Address 14501 NETTLE CREEK ROAD TAMPA FL 33624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/08/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3373150
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent OKSA, MARK R 14501 NETTLE CREEK ROAD TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name OKSA, MARK R. 82 Street Address (P.O. Box Number is Not Acceptable) 3812 GUNN HWY SUITE D 83 84 City TAMPA FL 85 Zip Code 33624
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE <input type="checkbox"/> DELETE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKSA, MARK R	1.2 NAME	OKSA, MARK
STREET ADDRESS	14501 NETTLE CREEK ROAD	1.3 STREET ADDRESS	3812 GUNN HWY SUITE D
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE <input type="checkbox"/> DELETE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKSA, MARY D	2.2 NAME	OKSA, MARY D.
STREET ADDRESS	14501 NETTLE CREEK ROAD	2.3 STREET ADDRESS	3812 GUNN HWY SUITE D
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE <input type="checkbox"/> DELETE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, ANTHONY S	3.2 NAME	ARENA, ANTHONY
STREET ADDRESS	1910 W CRAWFORD ST	3.3 STREET ADDRESS	3812 GUNN HWY SUITE D
CITY-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE <input type="checkbox"/> DELETE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, AL	4.2 NAME	METZGER, AL
STREET ADDRESS	251 CHANNEL DRIVE	4.3 STREET ADDRESS	3812 GUNN HWY SUITE D
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	STONE, LISA
STREET ADDRESS		5.3 STREET ADDRESS	3812 GUNN HWY SUITE D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ARENA, ELLEN
STREET ADDRESS		6.3 STREET ADDRESS	3812 GUNN HWY SUITE D
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA FL 33624

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 attachment with an address, with all other like empowered.

SIGNATURE: MARK OKSA **SIGNATURE REQUIRED** 4-10-99 815-968-5566

CR2E034 (1/198)