

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

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FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90053 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070838

1. Corporation Name
NETCOMMERCE CORPORATION



Principal Place of Business 700 TIMBERWILDE AVE. WINTER SPRINGS FL 32708	Mailing Address PO BOX 196725 WINTER SPRINGS FL 32719-6725
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 316 W. HORNBEAM DR Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. 915306 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/23/1996	
22		27		4. FEI Number 59-3397073 Applied For <input type="checkbox"/> Not Applicable	
23 City & State LONGWOOD, FL		28 City & State LONGWOOD, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32779 Country USA		29 Zip 32791-5306 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSS, BRADLEY J
700 TIMBERWILDE AVE.
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name DOV ROSENBERG
82 Street Address (P.O. Box Number is Not Acceptable) 316 W. HORNBEAM DR
83
84 City LONGWOOD FL 85 Zip Code 32779

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 *[Signature]* **PRESIDENT** DATE **4/13/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PS	<input type="checkbox"/> DELETE
NAME	ROSENBERG, DOV	
STREET ADDRESS	700 TIMBERWILDE AVE.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, ROSS J	
STREET ADDRESS	700 TIMBERWILDE AVE.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	316 W. HORNBEAM DR.		
1.4 CITY-ST-ZIP	LONGWOOD FL 32779		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	CYNTHIA L. ROSENBERG		
2.3 STREET ADDRESS	316 W. HORNBEAM DR		
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DOV ROSENBERG** DATE **4/13/99** 407-353-6509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)