

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90300 041 ***150.00

DOCUMENT # P98000010049

1. Corporation Name NETCOMP COMMUNICATIONS GROUP, INC.



Principal Place of Business 350 SOUTHEAST 13TH AVENUE POMPANO BEACH FL 33060 Mailing Address 350 SOUTHEAST 13TH AVENUE POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

65-0809319

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

81 Name

Joseph A. Osborne

82 Street Address (P.O. Box Number is Not Acceptable)

350 S.E. 13th Ave

83

84 City

POMPANO BEACH

FL

85 Zip Code

33060

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD [] DELETE

NAME OSBORNE, JOSEPH A STREET ADDRESS 350 SOUTHEAST 13TH AVENUE CITY-ST-ZIP POMPANO BEACH FL 33060

1.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

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] SIGNATURE REQUIRED

4/15/99 934/702.5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0158445