FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 10 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698259** **(9)**

1. Corporation Name
NETJAC, INC.

Principal Place of Business	Mailing Address
1200 SHEPPARD AVE E STE #106 WILLOWDALE ONTARIO, CANADA M2K2S ~~US~~	1200 SHEPPARD AVE E STE #106 WILLOWDALE ONTARIO, CANADA M2K2S ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1981
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 M2K 2S5 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 M2K 2S5 Country: 30

4. FEI Number: 59-2129212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEARNS, WEAVER, MILLER, WEISSLER
ALHADEFF & SITTERSON, P. A.
401 E. JACKSON ST., SUITE 2200
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, NANCY	1.2 NAME		
STREET ADDRESS	217 BURBANK DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLOWDALE, ONTARIO M2K1P5	1.4 CITY-ST-ZIP		
TITLE	VPT	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, SIGMUND	2.2 NAME		
STREET ADDRESS	217 BURBANK DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WILLOWDALE, ONTARIO M2K1P5	2.4 CITY-ST-ZIP		
TITLE	VAS	3.1 TITLE		☑ Change ☐ Addition
NAME	LEVY, CLIFF	3.2 NAME		
STREET ADDRESS	~~110 CULBREATH ISLES DR.~~	3.3 STREET ADDRESS	1616 CULBREATH ISLES DRIVE	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33629	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: CLIFF LEVY MARCH 22, 1995 (813) 251-9365
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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