

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003907 (2)

1. Corporation Name

NOVANET, INC.



Principal Place of Business

Mailing Address

3895 N. BUSINESS CENTER DR  
SUITE 120  
TUCSON AZ 85705  
US

3895 N. BUSINESS CENTER DR  
SUITE 120  
TUCSON AZ 85705  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and date of signature

(SEE INSTRUCTIONS) Signature, typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GARDNER, KIRTLAND C III  
STREET ADDRESS 2401 PLACITA SIN LUGURIA  
CITY- ST- ZIP TUCSON AZ 85718 ☐ DELETE

1.1 TITLE  
2.2 NAME  
3.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VSTD  
NAME MCPIKE, FRANK R JR  
STREET ADDRESS 46 POPLAR RD.  
CITY- ST- ZIP RIDGEFIELD CT 06877 ☒ DELETE

2.1 TITLE DIRECTOR  
2.2 NAME MICHELLE SHERMAN  
2.3 STREET ADDRESS 23150 RADCLIFF  
2.4 CITY- ST- ZIP OAK PARK MI 48237 ☐ Change ☒ Addition

TITLE D  
NAME ALPERT, A. SIDNEY  
STREET ADDRESS 966 S. PINE CREEK RD.  
CITY- ST- ZIP FAIRFIELD CT 06430 ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE STD  
NAME KRAMER, KENNETH  
STREET ADDRESS 248 W. CONGRESS  
CITY- ST- ZIP DETROIT MI ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D  
NAME BARDEN, DONALD H.  
STREET ADDRESS 400 RENAISSANCE CTR  
CITY- ST- ZIP DETROIT MI ☐ DELETE

5.1 TITLE  
5.2 NAME BARDEN, DON H.  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE D  
NAME BRIGGS, TAYLOR  
STREET ADDRESS 27 W. 55TH ST.  
CITY- ST- ZIP NEW YORK NY 10019 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

520-888-3076

Daytime Phone #

CR2E034 (12/95)