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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # F95000001338 (1)

1. Corporation Name

NETWORK ENABLE, INC.



Principal Place of Business

PO BOX 500  
BLUE BELL PA 19424

Mailing Address

PO BOX 500  
BLUE BELL PA 19424-0001

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

23-2802180

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP  
NAME GAGLIARDI, GERALD A  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

TITLE VD  
NAME MARTIN, STEPHEN W  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

TITLE DV  
NAME SIMPLOT, ROBERT D  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

TITLE VS  
NAME ANDERSON, RONALD C  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

TITLE VT  
NAME RIESENFELD, STEFAN C  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

TITLE AS  
NAME KEENE, SUSAN T  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. I do 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

SIGNATURE:

RONALD C. ANDERSON

4/2/97

215-986-4744

CR2E034 (9/96)