

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003136 (7)

1. Corporation Name
NETLABS, INC.



Principal Place of Business
**895 BEAR ISLAND
WEST PALM BEACH FL 33409**

Mailing Address
**895 BEAR ISLAND
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified **06/27/1995** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 95-4214899		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

**GREENFIELD, HOWARD
2441 VILLAGE BLVD., #304
W PALM BEACH FL 33409**

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 the applicable:

(NOTE: Registered Agent Signature required after re-issuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWAGER, ANDRE	1.2 NAME	Chamberlain, Ellen
STREET ADDRESS	890 MADONNA WAY	1.3 STREET ADDRESS	920 Disc Drive
CITY- ST- ZIP	LOS ALTOS CA 94024	1.4 CITY- ST- ZIP	Scotts Valley, CA 95066
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDGREN, DONALD	2.2 NAME	Luczo, Stephen J.
STREET ADDRESS	481 WASHINGTON AVE	2.3 STREET ADDRESS	920 Disc Drive
CITY- ST- ZIP	PALO ALTO CA 94301	2.4 CITY- ST- ZIP	Scotts Valley, CA 95066
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUONAURO, ROSELIE	3.2 NAME	Waite, Donald L.
STREET ADDRESS	890 MADONNA WAY	3.3 STREET ADDRESS	920 Disc Drive
CITY- ST- ZIP	LOS ALTOS CA 94024	3.4 CITY- ST- ZIP	Scotts Valley, CA 95066
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTER, MARK	4.2 NAME	Zaccheo, Ronald
STREET ADDRESS	390 POMPANO CIRCLE	4.3 STREET ADDRESS	920 Disc Drive
CITY- ST- ZIP	FOSTER CITY CA 94404	4.4 CITY- ST- ZIP	Scotts Valley, CA 95066
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, STEVE	5.2 NAME	
STREET ADDRESS	12313 FIELD LARK CT	5.3 STREET ADDRESS	
CITY- ST- ZIP	FAIRFAX VA 22033	5.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDER, DOUG	6.2 NAME	
STREET ADDRESS	19714 VINEYARD LN	6.3 STREET ADDRESS	
CITY- ST- ZIP	SARATOGA CA 95070	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)(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: **Ronald Zaccheo**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 **408 439-7118**
Date Date of Filing

CR2E034 (12/95)