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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9500004565 (6)

FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address ONE EAST BROWARD BLVD. STE 106 NETALS CORPORATION Mailing Address ONE EAST BROWARD BLVD. STE 106					
FT LAUDERD	ALE FL 33301	FT LAUDERDALE FL 3330	n -1865	3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 03/05/1996
2. Principal	Place of Business	2a. Mailing Address	······································	4. FEI Number 22-2053542	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	B. This corporation has liability for	
24	25 9. Name and Address of Curre	nt Registered Agent	[30]	Florida Statutes 10. Name and Address of New R	Yes No
GI	IGENHEIM, PAUL R	The Misterior Addition	81 Name	10, traine and realizes of Haw to	ogiera Agoni
1 EAST BROWARD BLVD., STE 106		3	82 Street Add	Iress (P.O. Box Number is Not Accepta	able)
FT	LAUDERDALE FL 33301				
i	•		83		
	.		84 City		FI 85 Zip Code
SIGNATURE	5 greature hypied or punted name of registered ap	•	authorized by the corpora orida Statutes. IE: Registered Agent signature requ. 13.	poration submits this statement for the tion's board of directors. I hereby acce lifed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
12.	OFFICERS AF	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	GUGENHEIM, PAUL R		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY SI ZIP	FT LAUDERDALE FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE		P. Octob	2.1 TITLE 2.2 NAME		Circulate Ci Vaqillori
STREET ADDRESS			2.3 STREET AODRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TiTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY - ST - ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF		T heres	4.4 CITY+ST-ZIP		Character I Land
TITLE		DELETE	5.1 TITLE		Change L. Addition
NAME CTOCCT ADDIOCS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS) 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	70000214 -04/15/97010	12980 Addition
NAME			6.2 NAME ,	-04/15/97010)03011
STREET ADDRESS	.]		6.3 STREET ADDRESS	***165.00	4

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #