

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

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90156 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001650

1. Corporation Name  
NETEXCHANGE OF CENTRAL FLORIDA, INC.

Principal Place of Business  
2110 FREDRICA DRIVE  
ORLANDO FL 32812  
US

Mailing Address  
2110 FREDRICA DRIVE  
ORLANDO FL 32812  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

59-3425308

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Election Campaign Financing

\$5.00

May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N ORANGE AVE., STE. 1100  
ORLANDO FL 32801

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          | DPST                 | <input type="checkbox"/> DELETE |
| NAME           | BRIDGES, WARREN D    |                                 |
| STREET ADDRESS | 1715 FREDERICA DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32812     |                                 |
| TITLE          | V                    | <input type="checkbox"/> DELETE |
| NAME           | BRIDGES, CATHERINE C |                                 |
| STREET ADDRESS | 1715 FREDERICA PLACE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32812     |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | BRIDGES, WARREN D    |                                 |
| STREET ADDRESS | 1715 FREDERICA DR.   |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32812     |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I 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, with all other like empowered.

SIGNATURE:

Warren D. Bridges  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren D. Bridges

Date

2/18/99

Daytime Phone #

407 282 2563

CR2E034 (11/98)

0098261