

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90270 025 \*\*\*150.00

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1. Corporation Name

ControlNet International Ltd. Inc.

Principal Place of Business

Mailing Address

20423 State Road 7 - Suite 315  
Boca Raton, FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

62-1700535

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Moss, William H.  
20423 State Road 7 Suite 315  
Boca Raton, FL 33498

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 ☐ DELETE

NAME DAVID EISNER  
STREET ADDRESS 16404 N. Black  
CITY-ST-ZIP Phoenix AZ 85023

TITLE ☐ DELETE

NAME Glen Saunders  
STREET ADDRESS 50 Northland Rd  
CITY-ST-ZIP Waterloo Canada

TITLE ☐ DELETE

NAME DT Steve Biegacki  
STREET ADDRESS 1 Allen Bradley Dr.  
CITY-ST-ZIP Mayfield Hts OH 44124

TITLE ☐ DELETE

NAME Moss, William H.  
STREET ADDRESS 20423 State Rd 7 Suite 315  
CITY-ST-ZIP Boca Raton FL 33498

TITLE ☐ DELETE

NAME VP Rossbjorn, Nicolas  
STREET ADDRESS Riplefsgatan  
CITY-ST-ZIP Halmstad SW 30250

TITLE ☐ DELETE

NAME Gil Williams  
STREET ADDRESS 173 Heatherdown Road  
CITY-ST-ZIP Wetherville OH 42084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29<sup>th</sup> 1999 1984-340-542  
Date Daytime Phone #

CR2E034 (11/98)