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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006083

1. Corporation Name

NETWOR	IK COM	MUNICATIONS TE	CHNOLO	idies, inc.					!					
Principal Place	e of Busines		Maili	ng Address									##1#) IV	148 1111 1881
P.O. BOX 41140			P.O. 6	BOX 411407										
CHARLOTTE NC 28241 CHARLOTTE NC 28241										DO NOT W	RITE IN THIS	CDACE	=	
										Do NOT W		SPACE		
l										10/31/1997	30			
2. Principal Pi	lace of Busi	iness	2a. N	Mailing Address						FEI Number			Appl	lied For
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Suite, Apt.	#, etc.			uite, Apt. #, etc.					_	Certifcate of Status Desired				ditional
22		<u> </u>	27	<u>~</u>	_				3.	Certificate of Clatus Desired			e Req	
City & State	е		C	City & State						Election Campaign Financir	^{lg} □		.00 M	
23			28			Country			_	Trust Fund Contribution			ded to	Fees
Zip		Country	├- ─┐	ip .	30	Country	,		8.	This corporation owes the of Personal Property Tax.	urrent year in	angible Yes		□No
24	9 Name	25 and Address of Curre	29 ent Register	red Agent	30	<u>l. </u>			10.	Name and Address of New	w Registered			
 -			gioto			81	Name	e						
	PDIRECT					82	Stroo	t Addros	e /D	.O. Box Number is Not Acce	intable)		 -	
		an St., Lower Lev	EL			62	Juee	I Addies	oo (⊏.	.O. DOX HUMBER IS NOT ACCO	ршысу			
TALL	_AHASSEE	FL 32301				83								
						84	City					85	Zip Co	ode
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11. Pursuant	to the provi	sions of Sections 607.05	502 and 607	.1508, Florida Stati	utes,	the abov	e-name	d corpor	ation	submits this statement for to pard of directors. I hereby ac	he purpose of cept the appo-	changir	ng its re as real	egistered stered
Office of fe	egistereu aç m familiar v	vith, and accept the obliq	rations of S	notice COT OFOE	locida	nized by	ing coi	POIGNOI	3 50	are or ancorpies. Thereby do	oop: ale appe			
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MEQUIRED MING OFFICER OR DIRECTOR