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CORPORATION ANNUAL REPORT

1995

DOCUMENT # P35993 (5)

1. Corporation Name

NETWORK CAPITAL CORPORATION

APPROVED AND FILED

95 FEB 20 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
356 VETERANS MEMORIAC HWY COMMACK NY 11725 US	356 VETERANS MEMORIAC HWY COMMACK NY 11725 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1991	3a. Date of Last Report: 04/15/1994
4. FEI Number: 11-2900057	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

XL CORPORATE SERVICES
C/O LAGER O'STEEN
344 OFFICE PLAZA
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City FL 35 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 _____ (If changing Registered Agent, this must be signed by the new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	☐ Change ☐ Addition
NAME	FERRARA, PETER A.	12 NAME	
STREET ADDRESS	33 LOCUST ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT FL	14 CITY-ST-ZIP	
TITLE	TCD	21 TITLE	☐ Change ☐ Addition
NAME	FERRARA, PETER A.	22 NAME	
STREET ADDRESS	33 LOCUST ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare, under penalty of perjury, that the information supplied with this report is accurate and that I do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further declare 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 1, Block 11 changed, or is attached with an asterisk.

SIGNATURE: Peter A. Ferrara Sr. 2/16/95 (516)864-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0470760 FP