May 14 1997 8:00am FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** Secretary of State FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P9400052984 (9) NETWORK TECHNICAL ASSISTANCE GROUP, INC. Principal Place of Business Mailing Address 8230 NW 23 ST SUNRISE FL 33322 8230 NW 23 ST SUNRISE FL 33322-3084 3a. Dale of Last Report 3. Date Incorporated or Qualified 07/14/1994 11/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 147289 96 LANG NORTH 65-0528766 Not Applicable LANE NORTH Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired WEST PAUM BEACH, FL Fee Required WEST PALM City & State 33412 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 28 Florida Statutos Yes No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SEALS, JACK C 8230 NW 23 ST 82 Street Address (P.O. Box Number is Not Acceptable SUNRISE FL 33322 **B3** 84 Zip Code 33 41 2-WEST PAUL BEACH 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 Jorida. 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 originations of Section 607.0505, Florida Statutes. JACK SEMS 13 SIGNATURE stered Agent signature required when rematating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition 1.17001 TITLE SEALS, JACK C som a 1.2 NAME NAME 14728 96 LANE NORTH 3000 N.W. 48TH TERRACE, BLDG. 5, SUITE 429 STREET ADDRESS 1.3 STREET ADDRESS **LAUDERDALE LAKES FL 33313** WEST BALM BEACH 1.4 C/TY - ST - Z/P 33412 CITY-ST-ZIE DELETE 21 UHLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 1111.6 TITLE 3.2 NAME NAME 33 STREET ADDRESS STAFFT ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE 4. 2 NAME NAME STREET ADDRESS 4.3 STHEET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY- \$1-ZIP

63 STHEFT ADDRESS

51-2IP

1 do hereby certify that the information supplied with this filling 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 sainc legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustoe 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 of an an attachment with a address.

6.1 TITLE

NO OFFICER OR DIRECTOR

DELETE

CITY-ST-ZIP

STREET ADDRESS

MILE

NAME

FILED

Change

Addition