

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068695 (3)

1. Corporation Name
NET CONNECT, INC.

Principal Place of Business: 6347 COLLINS RD JACKSONVILLE FL 32244-5809
Mailing Address: 6347 COLLINS RD JACKSONVILLE FL 32244-5809

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 SAME		26 SAME		09/16/1994	6/30/93
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3247774	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
J. HOWARD SHEFFIELD, P.A. 4209 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32217				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FREVE, ROBERT	12 NAME	Nels Kingston				
STREET ADDRESS	6347 COLLINS RD	13 STREET ADDRESS	11760 Woodside Lane				
CITY - ST - ZIP	JACKSONVILLE FL 32244-5809	14 CITY - ST - ZIP	Jacksonville, FL 32223				
TITLE	DVS	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ZEMBER, FRANK	22 NAME					
STREET ADDRESS	2054 KITTY ST	23 STREET ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL 32216	24 CITY - ST - ZIP					
TITLE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY - ST - ZIP		34 CITY - ST - ZIP					
TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY - ST - ZIP		44 CITY - ST - ZIP					
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY - ST - ZIP		54 CITY - ST - ZIP					
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY - ST - ZIP		64 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statute. 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.

SIGNATURE: Frank J. Zember 7/26/95 (90)272-0505
DATE: _____ OFFICE USE ONLY

CR2E004 (3/95)