FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000071854 (1)**

1. Corporation Name

NETWORKING SYSTEMS GROUP, INC.

Principal Place of Business
2805 EAST OAKLAND PARK BLVD. STE. 253
FORT LAUDERDALE FL 33306

Mailing Address
2805 EAST OAKLAND PARK BLVD. STE. 253
FORT LAUDERDALE FL 33306

3. Date Incorporated or Qualified: **09/29/1994**
3a. Date of Last Report: **03/31/1995**

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

4. FEI Number: **65-0522527** ☐ 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

9. Name and Address of Current Registered Agent

DODDS, REBECCA
2012 NE 32ND AVENUE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2805 E. OAKLAND PARK Blvd #253
83: /
84 City: Ft. Laud. FLA FL 85 Zip Code: 33306

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) (TITLE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☒ DELETE
NAME	DODDS, REBECCA	
STREET ADDRESS	2012 NE 32ND AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	PSTD	☐ DELETE
NAME	Dodds Rebecca	
STREET ADDRESS	2805 E. Oackian Park Blvd #253	
CITY-ST-ZIP	Ft. Laud Fla 33306	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	Robert Madrazo	
STREET ADDRESS	2805 E. Oakland Park #253	
CITY-ST-ZIP	Ft. Laud. Fla 33306	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	800001876798	☐ Change ☐ Addition
6.2 NAME	-06/26/96--01083--045	
6.3 STREET ADDRESS	***225.00	
6.4 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 119.07(3)(k), 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.

SIGNATURE: [signature] 5-29-96 305 6594162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT, VICE PRESIDENT 05/06/96

CR2E034 (12/95)