

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 22 1996 8:00 am  
Secretary of State

DOCUMENT # P95000044930

1. Corporation Name  
GEENET SYSTEMS, INC.

Principal Place of Business Mailing Address  
1500 W. Cypress Creek Rd Suite 304  
FT LAUDERDALE FL 33309 FT. lauderdale FL 33309

3. Date Incorporated or Qualified 06/12/95  
3a. Date of Last Report  
4. FEI Number 65-0586998  
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 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCUTILLO, BARRY C As F.I.L.E.D & Changed  
8000 NO. UNIVERSITY DRIVE 1/30/96  
FORT LAUDERDALE FL 33321

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PSD  
NAME G. SIVAJOTHI  
STREET ADDRESS 1500 W. Cypress Creek Rd #304  
CITY-ST-ZIP FT. LAUDERDALE FL 33309  
[REPEATED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
[REPEATED]

200001722032  
02/23/96 01011  
\*\*\*200.00

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)(f), 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: G. SIVAJOTHI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/29/96  
Daytime Phone (954) 771 4442  
52-2296