**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT
CORPORATION
ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 30 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051394

1. Corporation Name

NETMAXIMIZER.COM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3560 INVESTMENT LANE<br>RIVIERA BEACH, FL 33404 | 7491 N FEDERAL HIGHWAY<br>SUITE 262<br>BOCA RATON, FL 33487 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/95

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 3560 INVESTMENT LANE | 26 7491 N FEDERAL HIGHWAY |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 SUITE 262 |
| City & State 23 RIVIERA BEACH, FLORIDA | City & State 28 BOCA RATON, FLORIDA |
| Zip 24 33404 Country 25 U.S. | Zip 29 33487 Country 30 U.S. |

4. FEI Number: 65-0907899 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ERIC P. LITTMAN
7695 S.W. 104 STREET, SUITE 210
MIAMI, FL 33156

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Deborah D. Skipper — Deborah D. Skipper as its agent — DATE: 8-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>ERIC P. LITTMAN<br>7695 S.W. 104 STREET, SUITE 210<br>MIAMI, FL 33156 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P/D<br>DAVID A. SALTRELLI<br>7491 N FEDERAL HIGHWAY, SUITE 262<br>BOCA RATON, FL 33487 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | S/T/D<br>PETER G. SCHUSTER<br>7491 N FEDERAL HIGHWAY, SUITE 262<br>BOCA RATON, FL 33487 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | 600002974736---1<br>-08/31/99--01052--021<br>****550.00 ****550.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition SP |

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14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

**SIGNATURE:** David A. Saltrelli — 8-26-99 — (561) 279-0836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID A. SALTRELLI