


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000057819 (1)

1. Corporation Name

NETWORK CONNECTIVITY CONSULTANTS, INC.

Principal Place of Business

7 BROADWAY CT.  
ORLANDO FL 32803

Mailing Address

PO BOX 533322  
ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

59-2202900

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1814 Woodward St.

Suite, Apt. #, etc.

22

City & State

23 Orlando FL

Zip

24 32803

Country

25 USA

2a. Mailing Address

26 PO Box 531063

Suite, Apt. #, etc.

27

City & State

28 Orlando FL

Zip

29 32853-1063

Country

30 USA

9. Name and Address of Current Registered Agent

WISEMAN, ROBERT A  
7 BROADWAY CT.  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Wiseman Robert A.

83 Street Address (P.O. Box Number is Not Acceptable)

1705 S. Kirkman Rd. #311

84

City

Orlando

FL

85 Zip Code

32811

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

*Robert A. Wiseman*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	WISEMAN, ROBERT A	1.2 NAME	Wiseman, Robert A.
STREET ADDRESS	7 BROADWAY CT.	1.3 STREET ADDRESS	1705 S. Kirkman Rd #311
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	Orlando FL 32811
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	Murray, Darrell L.
STREET ADDRESS		2.3 STREET ADDRESS	3903 Virginia Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 change on an attachment with an address.

SIGNATURE:

*Robert A. Wiseman*

4/3/98

407-894-8450

CR2E034 (10/97)