

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90060 011 ***150.00

DOCUMENT # P95000057819

1. Corporation Name

NETWORK CONNECTIVITY CONSULTANTS, INC.

Principal Place of Business

1814 WOODWARD ST
ORLANDO FL 32803
US

Mailing Address

PO BOX 531063
ORLANDO FL 32853
US



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 the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 2004 Marks St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Orlando, FL

28 City & State

Orlando, FL

24 Zip 32803 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

WISEMAN, ROBERT A
1705 S KIRKMAN RD., #311
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name Robert A. Wiseman

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

2004 Marks St.

83 City

Orlando

84 State FL 85 Zip Code 32803

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 P ☐ DELETE

NAME WISEMAN, ROBERT A
STREET ADDRESS 1705 S KIRKMAN RD, #311
CITY-ST-ZIP ORLANDO FL 32811

TITLE VP ☒ DELETE

NAME MURRAY, DARRELL L
STREET ADDRESS 3903 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Robert A. Wiseman

1.3 STREET ADDRESS 2004 Marks St

1.4 CITY-ST-ZIP Orlando, FL 32803

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Wiseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 407-660-1122
Date Daytime Phone #

CR2E034 (1/98)