

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000069270 (3)**
1. Corporation Name
NETWIDE ACCESS, INC.



Principal Place of Business Mailing Address
10321 WINDING CREEK LANE **425 SOUTH CHICKASAW TRAIL, SUITE 104**
ORLANDO FL 32825 **ORLANDO FL 32825**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3332941		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81	Name DONALD N. O'BORN		
				82	Street Address (P.O. Box Number is Not Acceptable) 10321 WINDING CREEK LANE		
				83			
				84	City ORLANDO	FL	85 Zip Code 32825

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]* DATE **9/1/96**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGS, MASSIMILIANO R			12 NAME	O'BORN, MATTHEW B		
STREET ADDRESS	10321 WINDING CREEK LANE			13 STREET ADDRESS	8849 EL PRADO		
CITY-ST-ZIP	ORLANDO FL 32825			14 CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BORN, MATTHEW B			22 NAME	MILLER, PETER E		
STREET ADDRESS	10321 WINDING CREEK LANE			23 STREET ADDRESS	454 BONIFAY AVE		
CITY-ST-ZIP	ORLANDO FL 32825			24 CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	VD	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, PETER E			32 NAME			
STREET ADDRESS	10321 WINDING CREEK LANE			33 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32825			34 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BORN, DONALD N			42 NAME			
STREET ADDRESS	10321 WINDING CREEK LANE			43 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32825			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **DONALD N. O'BORN** **8/1/96** **407 382 8734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)