**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084297 (7)**

1. Corporation Name
**NETMATICS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15310 AMBERLY DRIVE. SUITE 150<br>TAMPA FL 33647 | 15310 AMBERLY DRIVE. SUITE 150<br>TAMPA FL 33647 |

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21 4300 W. Cypress St
Suite, Apt. #, etc.
22 Suite 275
City & State
23 TAMPA, FL
Zip 24 33607 Country 25 HillsBorough

2a. Mailing Address
26 4300 W. Cypress St.
Suite, Apt. #, etc.
27 Suite 275
City & State
28 TAMPA, FL
Zip 29 33607 Country 30 HillsBorough

4. FEI Number: 59-3339811 ☐ 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

9. Name and Address of Current Registered Agent

POIRIER, DANIEL B
15310 AMBERLY DRIVE, SUITE 150
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: POIRIER, DANIEL B
82 Street Address (P.O. Box Number is Not Acceptable): 4300 W. Cypress St
83 Suite 275
84 City: TAMPA FL 85 Zip Code: 33607

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 _____ (DATE)
Signature, typed or printed name of registered agent, and if applicable (NOTE: If registered agent is a corporation, the name and title of the officer must be included.)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POIRIER, DANIEL B<br>15310 AMBERLY DRIVE, SUITE 150<br>TAMPA FL 33647 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TAYLOR, WILLIAM T<br>15310 AMBERLY DRIVE, SUITE 150<br>TAMPA FL 33647 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ 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 | DIRECTOR<br>BERNARD R KOSSAR<br>4300 W. CYPRESS ST<br>TAMPA, FL 33607 | ☐ 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 | DIRECTOR<br>JOSEPH S. WRIGHT<br>4300 W. CYPRESS ST<br>TAMPA, FL 33607 | ☐ 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 | DIRECTOR<br>PETER NEUWIRTH<br>4300 W. CYPRESS ST<br>TAMPA, FL 33607 | ☐ 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 |

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X _____ 6/18/96 813-872-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)