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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4300 W CYPRESS ST  
SUITE 275  
TAMPA FL 33607  
US

Mailing Address

4300 W CYPRESS ST  
SUITE 275  
YAMPA FL 33607-4157  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

06/21/1996

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.  
4300 W CYPRESS ST  
SUITE 275  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name Allan C. Watkins

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

1509 Swann Ave.

83

Suite 215

84

City Tampa

FL

85

Zip Code 33606

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

4-25-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME POIRIER, DANIEL B  
STREET ADDRESS 4300 W CYPRESS ST  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME KOSSAR, BERNARD R.  
STREET ADDRESS 4300 W CYPRESS ST  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME WRIGHT, JOSEPH J.  
STREET ADDRESS 4300 W CYPRESS ST  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME NEUWIRTH, PETER  
STREET ADDRESS 4300 W CYPRESS ST  
CITY-ST-ZIP TAMPA FL

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 Director ☐ Change ☒ Addition

1.2 NAME McNamar, Tim  
1.3 STREET ADDRESS 4300 W Cypress St; suite 275  
1.4 CITY-ST-ZIP Tampa FL 33607

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 do 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.

SIGNATURE

CR2E034 (9/96)