

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000008460 (3)

1. Corporation Name
NET PATROL, INC.



Principal Place of Business
913 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33311

Mailing Address
913 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33311-7440

3. Date Incorporated or Qualified 01/26/1996	3a. Date of Last Report
4. FEI Number N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 5150 S. FLORIDA AVE Suite, Apt. #, etc. 22. BLDG C, SUITE #308 City & State 23. LAKELAND, FL Zip 24. 33813 Country 25. USA	2a. Mailing Address 26. 5150 S. FLORIDA AVE Suite, Apt. #, etc. 27. BLDG C, SUITE #308 City & State 28. LAKELAND, FL Zip 29. 33813 Country 30. USA
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent 81. Name DEREK HODGES 82. Street Address (P.O. Box Number is Not Acceptable) 5150 S. FLORIDA AVE 83. BLDG C, SUITE 308 84. City LAKELAND FL 85. Zip Code 33813
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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 DEREK HODGES / DIRECTOR. 4/30/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOLLER, HANS G 913 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33311 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002164168-5 -05/02/97--01122--001 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODGES, DEREK G 1313 S. MILITARY TRAIL, #319 DEERFIELD BEACH FL 33442 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HODGES DEREK G 5150 S. FLORIDA AVE, BLDG C #308 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 4/30/97 954 2056583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)