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

## DOCUMENT # P96000008460

NET PATROL, INC.

Mailing Address Principal Place of Business 5150 S. FLORIDA AVE. 5150 S. FLORIDA AVE. BLDG. C. SUITE 308 BLDG. C. SUITE 308 LAKELAND FL 33813 LAKELAND FL 33813

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90098 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/26/1996 4. FEI Number

2. Principal P	cipal Place of Business 2a. Mailing Address				4. FEI Number	App	olied For	
21	26				NOT APPLICABLE	<b>₩</b> -Hot	Applicable	
	te, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	e of Status Desired Sa.75 Additional Fee Required		
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23					Trust Fund Contribution	Added to	- 1	
Zip				Country 8. This corporation owes the current year Intangible		Intangible		
24	25 29 3				Personal Property Tax.		No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
HODGES, DEREK				82 Street Address (P.O. Box Number is Not Acceptable)				
5150 S. FLORIDA AVE.				31 Street Address (F.O. Dox Halliot is Not Acceptable)				
BLDG. C, SUITE 308				83				
LAKELAND FL 33813				84 City FL 85 Zip Code				
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	D DELETE		1.1 TITLE			☐ Change	☐ Addition	
NAME	DOLLER, HANS G		1.2 NAME					
STREET ADDRESS	CAR MODELA AMBREMO AMENUE			ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			r-zip				
TITLE	D DELETE		2.1 TITLE			☐ Change	☐ Addition	
NAME	HODGES, DEREK G						}	
STREET ADDRESS	FARE OF FLORIDA AND BLDG O HOOD			ADDRESS				
CITY-ST-ZIP				T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	3		3.2 NAME					
STREET ADDRESS	1		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY- S	T-ZIP				
TITLE	☐ DELETE 4.1 T		4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS	<u>.</u>		43 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	DELETE		5.1 TITLE			Change	Addition	
NAME			5.2 NAME		garanga Egent inggan danah danah danah danah		4 Allis (E. 174)	
STREET ADDRESS	ET ADDRESS			ADORESS	Andre Tax			
CITY- ST-ZIP			5.4 CITY- S 6.1 TITLE	T-ZIP				
TITLE	LI DELETE					☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS			)	
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby	certify that the information supplied wi	th this filing does not qualify for th	ne exempt	on stated in S	ection 119.07(3)(i), Florida Statutes. I further	certify that the ir	formation	

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 op an attachment with an address, with all other like empowered. 141640222

SIGNATURE: