


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 JUL 29 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b>    |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # P96000020418 (5)</b>                       |   |   |
| 1. Corporation Name<br><b>NETWORKMAX WAREHOUSE, INC.</b> |   |   |



|  |  |
|--|--|
| Principal Place of Business<br><b>398 E HWY 436<br/>CASSELBERRY FL 32707</b> | Mailing Address<br><b>398 E HWY 436<br/>CASSELBERRY FL 32707</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |                                  |  |  |   |
|---|--|----------------------------------|--|--|---|
| 2. Principal Place of Business<br><b>21</b> |  | 2a. Mailing Address<br><b>26</b> |  | 3. Date Incorporated or Qualified<br><b>03/04/1996</b>   | 3a. Date of Last Report<br><b>10/19/96</b>  |
| Suite, Apt. #, etc.<br><b>22</b>            |  | Suite, Apt. #, etc.<br><b>27</b> |  | 4. FEI Number<br><b>59-3363450</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> |
| City & State<br><b>23</b>                   |  | City & State<br><b>28</b>        |  | 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required   |
| Zip<br><b>24</b>                            |  | Zip<br><b>29</b>                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees  |
| Country<br><b>25</b>                        |  | Country<br><b>30</b>             |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|  |  |  |  |   |             |
|--|--|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent<br><b>RAMKHELAWAN, RAJENDRA<br/>398 E HWY 436 UNIT #100<br/>CASSELBERRY FL 32707</b> |  |  |  | 10. Name and Address of New Registered Agent          |             |
|  |  |  |  | 81 Name<br><b>NA</b>                                  |             |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |             |
|  |  |  |  | 83  |             |
|  |  |  |  | 84 City<br><b>FL</b>                                  | 85 Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>P</b>                          | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>RAMKHELAWAN, LIDIA V</b>        |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>398 E HWY 436</b>     |                                 | 1.3 STREET ADDRESS                                    | <b>000002253940--7</b>  |
| CITY-ST-ZIP<br><b>CASSELBERRY FL 32707</b> |                                 | 1.4 CITY-ST-ZIP                                       | <b>-07/31/97--01069--017</b>                                      |
| TITLE<br><b>V</b>                          | <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>****165.00 ****165.00</b>                                      |
| NAME<br><b>RAMKHELAWAN, RAJENDRA</b>       |                                 | 2.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>398 E HWY 436</b>     |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>CASSELBERRY FL 32707</b> |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS                             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS                             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS                             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS                             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                |                                 | 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.

CR2E034 (4/97)

9-4-97 1102 834-7000