

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90185 048 ***150.00

DOCUMENT # P96000026540

1. Corporation Name

NETGAIN ASSET MANAGEMENT, INC.

Principal Place of Business

1821 PRINCETON LAKE DR
APT 1014
BRANDON FL 33511
US

Mailing Address

110 RICARDO WY NE
APT 1
ST PETERSBURG FL 33704
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10200 BANDY BLVD., N.

Suite, Apt. #, etc.

22 # 607

City & State

23 ST. PETERSBURG, FL

Zip

24 33702

Country

25 USA

2a. Mailing Address

26 10200 BANDY BLVD., N.

Suite, Apt. #, etc.

27 # 607

City & State

28 ST. PETERSBURG, FL

Zip

29 33702

Country

30 USA

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

59-3380473

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIEKIRSKI, ZENON
110 RICARDO WY NE
STE A
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name

ZENON Siekierski

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

10200 BANDY BLVD., N.

83

607

84 City

ST. PETERSBURG

FL

85 Zip Code

33702

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and file if applicable

ZENON Siekierski (PLS DO NOT)

DATE

4-18-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIEKIRSKI, ZENON L
110 RICARDO WY NE APT 1
ST PETERSBURG FL 33704

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
ZENON SIEKIERSKI
10200 BANDY BLVD., N. # 607
ST. PETERSBURG, FL 33702

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED SIEKIERSKI

4-28-99

727-568-0047

Date

Daytime Phone #

CR2E034 (11/98)