

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90002 030 ***150.00

DOCUMENT # P96000063120

1. Corporation Name
NET TELCOM CORPORATION

Principal Place of Business

3259 N STATE RD 7
BAY 48
MARGATE FL 33063
US

Mailing Address

NET TELCOM
6115 NW 41ST DR
CORAL SPRINGS FL 33067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

65-0698559

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 3259 N. STATE RD 7

27 Suite, Apt. #, etc.

27 BAY 48

28 City & State

28 MARGATE, FL

29 Zip

29 33063

30 Country

30 USA

9. Name and Address of Current Registered Agent

BURRELL, SCOTT
6115 NW 41ST DR
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

(SAME)

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

11039 GLENWOOD DR

83

84 City

CORAL SPRINGS FL

85 Zip Code

33065

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

4/9/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BURRELL, SCOTT
STREET ADDRESS 6115 NW 41ST DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VSTD ☒ DELETE

NAME BURRELL, HELGA
STREET ADDRESS 6115 NW 41ST DR
CITY-ST-ZIP CORAL SPRINGS FL

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

11039 GLENWOOD DR
CORAL SPRINGS, FL 33065

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VSTD
BURRELL, VICTORIA
4769 NW 30TH ST
COCONUT CREEK, FL 33063

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

934/974

Date

Daytime Phone #

CR2E034 (11/98)