


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

FILED

Apr 28 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P96000070838 (3)**

1. Corporation Name

OBJECT TECHNOLOGY GROUP, INC.

NETCOMMERCE CORPORATION

Principal Place of Business

**300 SHEOAH #103
WINTER SPRINGS FL 32708**

Mailing Address

**300 SHEOAH #103
WINTER SPRINGS FL 32708-5314**



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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 700 TIMBERWILDE AVE. Suite, Apt. #, etc. 22 City & State 23 WINTER SPRINGS, FL Zip Country 24 32708 25 USA | | 2a. Mailing Address 26 PO Box 196725 Suite, Apt. #, etc. 27 City & State 28 WINTER SPRINGS, FL Zip Country 29 32719-6725 30 USA | | 3. Date Incorporated or Qualified 08/23/1996 | 3a. Date of Last Report N/A |
| | | 4. FEI Number 59-3397073 | | <input checked="" type="checkbox"/> Applied For <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

ROSS, BRADLEY J.
300 SHEOAH #103
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name **ROSS, BRADLEY J.**
82 Street Address (P.O. Box Number is Not Acceptable)
700 TIMBERWILDE AVE.
83
84 City **WINTER SPRINGS** **FL** **85 Zip Code** **32708**

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

Bradley J. Ross **VICE PRESIDENT** **BRADLEY J. ROSS**

4/18/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

| | | | |
|---|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PRESIDENT <input type="checkbox"/> DELETE NAME DOV ROSENBERG STREET ADDRESS "SAME" CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SECRETARY <input type="checkbox"/> DELETE NAME DOV ROSENBERG STREET ADDRESS "SAME" CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VICE PRESIDENT <input type="checkbox"/> DELETE NAME BRADLEY J. ROSS STREET ADDRESS 700 TIMBERWILDE AVE. CITY-ST-ZIP WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TREASURER <input type="checkbox"/> DELETE NAME BRADLEY J. ROSS STREET ADDRESS 700 TIMBERWILDE AVE. CITY-ST-ZIP WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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*****165.00**

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:

Bradley J. Ross **BRADLEY J. ROSS**

4/18/97

(407) 553-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0063295

CR2E034 (9/96)