


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

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FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90053 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000070838		
1. Corporation Name NETCOMMERCE CORPORATION		

Principal Place of Business 700 TIMBERWILDE AVE. WINTER SPRINGS FL 32708	Mailing Address PO BOX 196725 WINTER SPRINGS FL 32719-6725
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 316 W. HORNBEAM DR Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. 915306 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/23/1996	
22 City & State 23 LONGWOOD, FL Zip Country 24 32779 25 USA		27 City & State 28 LONGWOOD, FL Zip Country 29 32791-5306 30 USA		4. FEI Number 59-3397073 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSS, BRADLEY J 700 TIMBERWILDE AVE. WINTER SPRINGS FL 32708		10. Name and Address of New Registered Agent 81 Name DOV ROSENBERG 82 Street Address (P.O. Box Number is Not Acceptable) 316 W. HORNBEAM DR 83 84 City LONGWOOD FL 85 Zip Code 32779	
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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  **PRESIDENT** DATE **4/13/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE DOV ROSENBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSENBERG, DOV		1.2 NAME	
STREET ADDRESS 700 TIMBERWILDE AVE.		1.3 STREET ADDRESS 316 W. HORNBEAM DR.	
CITY-ST-ZIP WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP LONGWOOD FL 32779	
TITLE VPT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRADLEY, ROSS J		2.2 NAME CYNTHIA L. ROSENBERG	
STREET ADDRESS 700 TIMBERWILDE AVE.		2.3 STREET ADDRESS 316 W. HORNBEAM DR.	
CITY-ST-ZIP WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP LONGWOOD, FL 32779	
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 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:  **DOV ROSENBERG** DATE **4/13/99** 407-353-6509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)