


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. M... Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000072087 (5)			
1. Corporation Name INTERNATIONAL NETCAM CORPORATION			
Principal Place of Business P.O. BOX 5246 FT. LAUDERDALE FL 33310		Mailing Address P.O. BOX 5246 FT. LAUDERDALE FL 33310-5246	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPEN, WALTER R 8257 N.W. 9TH STREET PLANTATION FL 33324		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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 signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME CAMPEN, GEOFFREY W STREET ADDRESS 8257 N.W. 9 ST. PLANTATION, FL P.O. BOX 5246 FT. LAUDERDALE FL 33310 CITY - ST - ZIP 33324		1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Campen, Geoffrey 1.3 STREET ADDRESS 8257 N.W. 9 ST. PLANTATION, FL P.O. Box 5246 FT. Lauderdale FL 33310 1.4 CITY - ST - ZIP 33324	
TITLE <input type="checkbox"/> DELETE NAME CAMPEN, WALTER R STREET ADDRESS 8257 N.W. 9 ST. PLANTATION, FL P.O. BOX 5246 FT. LAUDERDALE FL 33310 CITY - ST - ZIP 33324		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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.			
SIGNATURE: Geoffrey Campen Pres. 3/29/97 (954) 452-7700			



CR2E034 (9/96)