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FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000080494 (3)

1. Corporation Name  
NETBASX, INC.



Principal Place of Business Mailing Address  
1515 N. FEDERAL HIGHWAY  
SUITE 108  
BOCA RATON FL 33432  
1515 N. FEDERAL HIGHWAY  
SUITE 108  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

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		30	

3. Date Incorporated or Qualified 09/26/1996	
4. FEI Number 91-1778111	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRASNA, GARY M 1900 CORPORATE BOULEVARD, N.W. SUITE 301W BOCA RATON FL 33431		10. Name and Address of New Registered Agent	
81	Name MARK YOGAN	85	Zip Code 33432
82	Street Address (P.O. Box Number is Not Acceptable) 1515 N. Federal Hwy.		
83	Suite 108		
84	City Boca Raton	FL	

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 *Mark Yogan* (NOTE: Registered Agent signature required when reinstating) DATE 01-17-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	YOGAN, MARK	1.2 NAME	
STREET ADDRESS	1515 N. FEDERAL HIGHWAY, STE. 108	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	YOGAN, MARY JO	2.2 NAME	
STREET ADDRESS	1515 N. FEDERAL HIGHWAY, STE. 108	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	YURESQUES, JAMES	3.2 NAME	
STREET ADDRESS	3110 S. WADSWORTH, STE 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80227	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Mark Yogan* 1/18/98 546-347-0500

CR2E034 (10/97)