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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90217 021 ***150.00

DOCUMENT # P96000082274 1. Corporation Name	
NETFORMATIONS, INC.	3 (00 (100) (10 10) (10 0) (11) (00) (10 0)

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Principal Place	e of Business	Mailing Address							1811 0101 1001	
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OVIEDO FL 32765 OVIEDO FL 32765						DO NOT WEITE	W. T. U.C. 6	20405		
us us					DO NOT WRITE	IN THIS S	SPACE			
						 Date Incorporated or Qualifed 10/03/1996 				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For	
21		26				59-3261399			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red		
22		City & State				o filestica Compaign Signature		\$5.00		
City & State	e	— ·				6. Election Campaign Financing Trust Fund Contribution		Added to		
Zip	Country	28	Cou	intry		This corporation owes the current	t vear Inta			
24	25	29	30	,		Personal Property Tax.		☐ Yes	XINo	
24)	9. Name and Address of Cu					10. Name and Address of New Reg	istered A	gent		
				81 Na	ame					
	A, JANICE M			00 64		ess (P.O. Box Number is Not Acceptable	n)			
830	PALMETTO TERRACE			82 St	reet Addre	ess (P.O. Box Nulliper is Not Acceptable	5)			
OVIE	DO FL 32765			83						
				84 Ci	ity		FL	85 Zip C	ode	
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l office or o	to the provisions of Sections 607	State of Florida Such change was	authorized	d by the	med corpo corporatio	n's board of directors. I hereby accept t	he appoin	tment as reg	isterea	
l office or o	egistered agent or both in the S	7.0502 and 607.1508, Florida Stati state of Florida. Such change was bligations of, Section 607.0505, F	authorized	d by the	med corpo corporatio	n's board of directors. I hereby accept t	he appoint	tment as reg	Isterea	
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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 pn an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPHO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Vice President 4/16/99

407-366-2090