

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90163 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011358

1. Corporation Name
NET VENTURES, INC.



Principal Place of Business 1943 WINGFIELD DRIVE 101 LONGWOOD FL 32779	Mailing Address 1943 WINGFIELD DRIVE LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 TIMBERLACHEN CIR Suite, Apt. #, etc. 22 #101 City & State 23 LAKE MARY, FL Zip 24 32746 Country 25 USA		2a. Mailing Address 26 101 TIMBERLACHEN CIR Suite, Apt. #, etc. 27 #101 City & State 28 LAKE MARY, FL Zip 29 32746 Country 30 USA		3. Date Incorporated or Qualified 02/03/1997	4. FEI Number 59-3425971	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CAMPBELL, JOHN M 110 UNIVERSITY PARK DRIVE STE 115 WINTER PARK FL 32792		10. Name and Address of New Registered Agent 81 Name DRAZEN, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 3242 TALA LOOP 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 607.0503, Florida Statutes.

SIGNATURE Robert Drazen Robert Drazen 4/23/99
Signature, typed or printed name of registered agent and date if applicable (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME DRAZEN, ROBERT STREET ADDRESS 1943 WINGFIELD 3242 TALA LOOP CITY-ST-ZIP LONGWOOD FL 32779		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 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 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 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 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: Robert Drazen 4/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)