

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0017553

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000019348 (6) 1. Corporation Name NETWIDE ACCESS TECHNOLOGIES CORPORATION		FILED 98 OCT 23 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 454 BONIFAY AVENUE ORLANDO FL 32825		Mailing Address 425 SOUTH CHICKASA TRAIL, SUITE 104 ORLANDO FL 32825	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		3. Date Incorporated or Qualified 03/03/1997 4. FEI Number 593429909 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
SIGNATURE DONALD N. O'BORN / sec & treasurer Signature, typed or printed name of registered agent and title if applicable.		DATE 10/19/98 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE PD NAME O'BORN, MATTHEW B STREET ADDRESS 454 BONIFAY AVENUE CITY-ST-ZIP ORLANDO FL 32825 TITLE VD NAME MILLER, PETER E STREET ADDRESS 454 BONIFAY AVENUE CITY-ST-ZIP ORLANDO FL 32825 TITLE VD NAME FRANCESCHETTI, ROBERTO STREET ADDRESS 454 BONIFAY AVENUE CITY-ST-ZIP ORLANDO FL 32825 TITLE SD NAME O'BORN, DONALD N STREET ADDRESS 454 BONIFAY AVENUE CITY-ST-ZIP ORLANDO FL 32825 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607.07(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: DONALD N. O'BORN		9/29/98 407 249 0025	

CR2E034 (5/98)