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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047376 (3)

FILED May 01 1998 8:00am Secretary of State

	NET INTERVIEW, INC.	Mailing Address				
20515 E. COUNTRY CLUB DRIVE SUITE 1549 AVENTURA FL 33180		20515 E. COUNTRY CLUB DRIVE SUITE 1549 AVENTURA FL 33180		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal F	Place of Business	2a. Mailing Address			05/27/1997 4. FEI Number	- I Applied For
21		26		65-07607/6	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip			Countr	У	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes 🔣 No
D.		on noglatored Agent	81	Name	(U. Name and Address of rest fregiste	100 Agont
BARRETT, FRAN R 4300 N. UNIVERSITY DRIVE			-			
	ITE C-102		82	Street A	Address (P.O. Box Number is Not Acceptable)	
	UDERHILL FL 33351		83	3		
	300 H HEL 1 C 3330 1		84	l City		85 Zip Code
				'		F L ' '
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida, Such change was	tes, the above	ve-named c	corporation submits this statement for the purpo oration's board of directors. I hereby accept the	se of changing its registered
agent. I a	im familiar with, and accept the obl	igations of, Section 607.0505, FI	orida Statute	es.	oration's board of directors. Thereby accept the	appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered in OF LICERS A	in Directors (NO)	E: Registered Ag	gent signature n	required when reinstating) ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE 1.11		· · · · · · · · · · · · · · · · · · ·	ADDITIONAL TO OTT TO END	Change Addition
NAME	REISCH, NORMAN		1.2 NAME			- ·· •
STREET ADDRESS 20515 E. COUNTRY CLUB (DRIVE, SUITE 1549	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY	ST-ZIP		
TITLE	☐ DELETE		2.1 TITLE			Change Addition
HAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY	-ST-ZIP		Change Addition
TITLE NAME		בן טננכונ	3.1 TITLE 3.2 NAME			C change C Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY	i i		Ì
TITLE		DELETE				Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZiP			
TITLE		DELETE 5.1 TIT		Ī		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY - ST - ZIP DELETE 6.1 TITLE			Change Addition
TITLE		ר"ז הברבוני	6.1 TITLE 6.2 NAME			Change Addition
NAME STREET ADDRESS						ļ
STREET ADDRESS CITY-ST-ZIP			64 CITY-	T ADDRESS		
	certify that the information supplied	with this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes. I furthe	er 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 on an attachment fifth an address.