

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000049958

NETREACH CAPITAL GROUP, INC.

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90098 045 \*\*\*150.00

Principal Place of Business

210 N. UNIVERSITY DR  
SUITE 705  
CORAL SPRINGS FL 33071

Mailing Address

210 N. UNIVERSITY DR  
SUITE 705  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

65-0772236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

ROSS, MARK G JR  
9170 N.W. 53 STREET  
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

DENETRUIS D. FORD

82 Street Address (P.O. Box Number is Not Acceptable)

210 N UNIVERSITY DR

83

STC 800

84 City

CORAL SP

FL

85 Zip Code  
33071

1. 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: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/99

2. OFFICERS AND DIRECTORS

1.1 TITLE	D	<input checked="" type="checkbox"/> DELETE
1.2 NAME	ROSS, MARK G JR	
1.3 STREET ADDRESS	210 N. UNIVERSITY DR	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
2.1 TITLE		<input type="checkbox"/> DELETE
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> DELETE
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> DELETE
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENETRUIS D. FORD	
1.3 STREET ADDRESS	210 N UNIVERSITY DR	
1.4 CITY-ST-ZIP	CORAL SP FL 33071	
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		

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 7/1/99 954-757-7100  
Daytime Phone #

CR2E034 (5/99)