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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700069553 (0)

NETVERSANT TECHNOLOGIES, INC.

Principal Place of Business Mailing Address				a tantibate sim tuter emute anter bittet anter anter affett fit	TIR JEIGT GIVEN DINGE THIS TORK
13977 FEATHER SOUND DRIVE SUITE 450 CLEARWATER FL 34622		13577 FEATHER SOUNI Suite 450 Clearwater FL 34623		DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 08/12/1997 	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-710)556	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
l Zip	Country	Zip	Country	8. This corporation owes or has paid the or	irrent year Intangible
24	25	29	30		Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
SIEWRUK, MICHAEL			81 Name		
58 BAHAMA CIRCLE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TA	MPA FL 33606		83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Stat	utes, the above-named cor	poration submits this statement for the purpose	of changing its registered
Office or	registered agent, or both, in the S am familiar with, and accord the d	State of Florida, Such change was obligations of Section 607 0505. I	s authorized by the corpora Florida Statutes	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	arrigination man, arter accept the c	obligations of the first construction, i	ionda biatotes.		
SIGNATURE	Signature, typod or pointed name of register	en agest and the #applicable (No	TE: Registered Agent signature requ	ulred when reinstating) DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	SIEWRUK, MICHAEL		12 NAME		
STREET ADDRESS	58 BAHAMA CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP		
TITLE		L DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	-4	
TITLE		☐ DELLETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T pri son	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	-	DELETE	4.4 CITY - ST - ZIP	1000	
TITLE		DELETE	5.1 THTLE		☐ Change ☐ Addition
NAME OTDOOR ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 City-ST-ZIP	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Channe 1444:0
TITLE		לייין הברבוב	6.1 TITLE		☐ Change ☐ Addition
NAME CAREEY ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	Ī		6.4 CITY - ST - ZIP		1

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 13 if changed, or on an attendment with an address.

CIONIATURE.

5-14-99

813-299-0090 ×108

FILED

May 20 1998 8:00am

Secretary of State