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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000107471 (9)

NET SUB, INC.

Principal Place of Business

Mailing Address

**FILED** Oct 07 1998 8:00am Secretary of State



324 DATURA ST WEST PALM BE		324 DATURA ST. SUITE 330 WEST PALM BEACH FL 3340	ı	DO NO	DO NOT WRITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qu 12/22/1997</li> </ol>	alified	
	lace of Business	2a, Mailing Address 26 324 Dat-UVA 54		4. FEI Number	Applied For	
21 32 t Suite, Apt.		26  10210   Suite, Apt. #, etc.	144 521		Not Applicable     \$8.75 Additional	
22 50116 700		27 Suite 200		5. Certificate of Status Des	Fee Required	
City & State	<u>6</u> (1	City & State  28 LOPPO Y	<u> </u>	Election Campaign Finar     Trust Fund Contribution	scing \$5.00 May Be Added to Fees	
zip 24 공3년	Country  25 US A	Zip  29   ろろけの  3i	Country USA	Personal Property Tax d		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					New Registered Agent	
HAYES, RONALD W JR				165. forald W	176	
324 DATURA ST, SUITE 330				82 Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401				324 Datora St.		
			St	ile 200_		
			84 City	Po	FL 85 250001	
11. Pursuant	to the provisions of sections 607.0502 a	and 607.1508, Florida Statutes,	the above-name	ornoration submits this statement for	the purpose of ch <b>an</b> ging 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						
	Signalurs, typed or printed name of registered agent a			re required when reinstating)	DATE	
12.	OFFICERS AND		13.	President	O OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE 1.2 NAME	longed w. Hayes	Change Addition	
NAME STREET ADDRESS				324 Datora St. STE 200		
CITY-ST-ZIP			1.4 CITY-ST-ZIP	West Palm Brace		
TITLE		DELETE	2.1 TITLE	West venue to cores	Change Addition	
NAME			2.2 NAME		Shange E years	
STREET ADDRESS			2.3 STREET ADDRES			
CHTY-ST-ZIP			2.4 CiTY-ST-ZIP		<u> </u>	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES			
CITY-ST-ZIP			3.4 CITY-ST-ZIP 4.1 TITLE			
TITLE	L_J vectre				Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRES			
CITY-ST-ZiP		——————————————————————————————————————	4.4 CITY-ST-ZIP 5.1 TITLE			
TITLE					Change Addition	
NAME STREET ANDRESS			5.2 NAME 5.3 STREET ADDRES			
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP		·	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		COPPLETE	6.2 NAME		Change L_ recount	
STREET ADDRESS			6.3 STREET ADDRES			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
44 11 1	are placed a communication and the design as	1. Et			( fdi dif . di f f di	

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.