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

PROFIT COMPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra D. Morthai

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000108311 (6)

NETSYN, INC	•							
Principal Place of Busin	, noss	Mailing Address				-{	181 ABIOU 11107 MEDI MUT FOOT	
7704 MOKENA COURT NEW PORT RICHEY FL 34654		7704 MOKENA COURT NEW PORT RICHEY FL 34654				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 12/26/1997		
2. Principal Place of Business 21		26				4. FEI Number 59 - 3483792	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suito, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes W No		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
STRONER, CLYDE J			81	Name	ne			
	ENA COURT Frichey Fl 34654				Street Addre	Address (P.O. Box Number is Not Acceptable)		
HEN FORTHWILL FE OFFICE			83					
				84	City	FI	85 Zip Code	
office or registered	ovisions of Sections 607.0 agent, or both, in the Star with, and accept the ob	ite of Florida. Such cha	inge was autho	rized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE Stonature, typod or profet pane of registered agent and little P applicable (NOTE Registered Agent signature required when reinstating) DATE								
						ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
				1.1 TITLE	Marie		Change Addition	
NAME VAC	E PRESIDEA	STRONG	_	1.2 NAME	4	RESIDENT STRONER	(NO Chaipe)	

1.3 STREET ADDRESS CITY-ST-ZIP 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 52 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP

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 true on amount of the 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:

2-10-98 (813) 845-3039

FILED

Mar 12 1998 8:00am

Secretary of State