

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

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90014 048 \*\*\*150.00

0011578

DOCUMENT # **P98000062863**

1. Corporation Name  
**NETVISION INTERNATIONAL, INC.**



Principal Place of Business  
**650 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**650 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/16/1998**

2. Principal Place of Business

21 **650 Douglas Ave**

Suite, Apt. #, etc.

22 **STE-1000**

City & State

23 **Altamonte Springs, FL**

Zip

24 **32714**

Country

25 **Seminole**

2a. Mailing Address

26 **650 Douglas Ave**

Suite, Apt. #, etc.

27 **STE-1000**

City & State

28 **Altamonte Springs, FL**

Zip

29 **32714**

Country

30 **Seminole**

4. FEI Number

**59-3522247**

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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **RAY, RANDY**  
STREET ADDRESS **650 DOUGLAS AVENUE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Ray, Ogale E.**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

**Randy Ray**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/99** **407-682-0912**  
Date Daytime Phone #

CR2E034 (5/99)



P98000062863  
583362-90014-48

7/1/99

Divisions of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Reference: NetVision International, Inc.

Dear Dept Of State:

As per my conversation with your office today, I am enclosing a check for 150.00 for the filing fee. I did not receive the first notice because the notice that was sent was not addressed ( See annual report enclosed) with our suite number. I am sorry for the inconvenience, please accept my check for 150.00. If you have any questions, I can be reached @ 407-682-0912

Sincerely,

A handwritten signature in dark ink, appearing to read "David Matichak", is written over a horizontal line.

David Matichak  
Financial Manager