

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90179 034 \*\*\*150.00

0042715

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000066140**

1. Corporation Name  
**MEGANET, INC.**

Principal Place of Business  
**8280-8 PRINCETON SQUARE BLVD., WEST**  
**JACKSONVILLE FL 32256**

Mailing Address  
**8280-8 PRINCETON SQUARE BLVD., WEST**  
**JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 8750 PERIMETER PARK BLVD.,**  
Suite, Apt. #, etc.

**22**  
City & State

**23 JACKSONVILLE, FL**  
Zip Country

**24 32216-6347 25 DUVAL**

2a. Mailing Address  
**26 8750 PERIMETER PARK BLVD.,**  
Suite, Apt. #, etc.

**27**  
City & State

**28 JACKSONVILLE, FL**  
Zip Country

**29 32216-6347 30 DUVAL**

3. Date Incorporated or Qualified

**07/27/1998**

4. FEI Number

**59-3523024**

Applied For

No: 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SIMONIC, NICHOLAS T**  
**8280-8 PRINCETON SQUARE BLVD., WEST**  
**JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box; Number is Not Acceptable)  
**8750 PERIMETER PARK BLVD.**

83

84 City  
**JACKSONVILLE**

**FL**

85 Zip Code  
**32216**

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:

*Nicholas T. Simonic*

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 **PD** ☐ DELETE  
NAME **BERTRAND, RICHARD**  
STREET ADDRESS **5533 LEHIGH AVE**  
CITY-STATE-ZIP **ORLANDO, FL 32807**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 if an appointment with an address, with a different title empowered.

SIGNATURE:

*Richard Bertrand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD BERTRAND**

Date

Daytime Phone #

**4/19/99 (904) 443-6346**

CR2E034 (11/98)