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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086682 1. Corporation Name

NETMARK, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90074 003 ***158.75



Suite, Apt. #, etc. 22 City & State City & State Zip Country Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 5. Certifcate of Status Desired Fee Required \$5.00 May Be Added to Fees Added to Fees Suite, Apt. #, etc. Fee Required \$5.00 May Be Added to Fees Country Zip Country Zip Country Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required \$5.00 May Be Added to Fees										
ORLANDO FL 32822 ORLANDO FL 32822 ORLANDO FL 32822 ORLANDO FL 32822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/07/1998 4. FEI Number 5. Left Number 5. Left Number 5. Certificate of Status Desired 10/07/1998 2. Principal Place of Business 2 2a. Mailling Address 4. FEI Number 5. Certificate of Status Desired 5. Set Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Set Required 5. City & State 6. Election Campaign Financing 7. St.00 May Be 7. Additional Fee Required 6. Election Campaign Financing 7. St.00 May Be 7. Added to Fees 7. St.00 May Be 7. Added to Fees 7. St.00 May Be 7. St.00	Principal Place of Business Mailing Address							1 49101 19110 B1		110 1101 1001
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Suite, Apt. #, etc.							10/07/1998			
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City & State 23 City & State 28 City & State 28 Country Country Country Country Zip Country Zip Country Zip Country R. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. No Name and Address of Current Registered Agent ACEY, THOMAS E JR 5449 S SEMORAN BLVD STE 233 ORLANDO FL 32822 R3 ORLANDO FL 32822 R3 ACITY R4 City FL R5 Signature, byped or printed name of registered agent and tible if applicable. NoTE: Registered Agent signature required when refusitating) D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ORLANDE NAME WELLS, LEE A D ORLANDE Country R5,00 May Be Added to Fees Added to Fees Added to Fees R5,00 May Be Added to Fees Added to Fees Added to Fees This corporation owes the current year Intangible Personal Property Tax. R, This corporation owes the current year Intangible Personal Property Tax. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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, byped or printed name of registered agent and tible if applicable. NoTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 This Let C F O The Addition Name Addition Thank This Depth and the florida statutes and the florida statutes and the florida statutes. The D Name ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 This D Name ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Suite, Apt. 3	#, etc.	<u> </u>				5. Certificate of Status Desired	• -		
Zip Country Zip Country As. This corporation owes the current year Intanglible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ACEY, THOMAS E JR 5449 S SEMORAN BLVD STE 233 ORLANDO FL 32822 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	City & State)	⊢ ′	<u></u>		7 7	, - 11	-		•
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE CFO Change Addition NAME WELLS, LEE A 12. NAME	SIGNATURE			(NOTE: Posisters	d Agoni	ricestura required	urban rainstation).	TF		
TITLE D DELETE 1.1 TITLE CFO Mange Addition NAME WELLS, LEE A 1.2 NAME						signature required			RECTOR	S IN 12
NAME WELLS, LEE A 1.2 NAME						1	_ ' 			
		-								
			12			ADDRESS				

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATI		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DELETE	1,1 TITLE	CFO	hange	☐ Addition
NAME	WELLS, LEE A	1.2 NAME			
STREET ADDRESS	5425 HOFFNER AVE STE 102	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32872	1,4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE	PRESIDENT	Change	Addition
NAME		2.2 NAME	NOEL SMITH 5425 HOFFNER AVE DRIANDO FI 32872		•
STREET ADORESS		2.3 STREET ADDRESS	CHAS HOFFNER AVE	SUITE 1	02
CITY-ST-ZIP	·	2. 4 CITY-ST-ZIP	BRIANDO FL 32872		· · · · · · · · · · · · · · · · · · ·
TITLE	☐ DELETE	3.1 TITLE	Secretary Thomas E. Acey, Jr. 5449 S. Somoran Blud.	☐ Change	Addition
NAME		3.2 NAME	Thomas E. Heey, Jr.		_
STREET ADDRESS		3.3 STREET ADDRESS	5449 S. Somoran Blua.	3-6.33	3
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Orlando, FL 32822		
TITLE	☐ DELETE	4.1 TITLE	,	Change	Addition
NAME		4, 2 NAME			_
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	·		
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			_
STREET ADDRESS		6.3 STREET ADDRESS			
		64 CITY-ST-7IP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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