


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

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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90070 008 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # P96000097193

1. Corporation Name
INTERNET PUBLICATIONS, INC.

| | |
|--|--|
| Principal Place of Business 988 BLVD OF THE ARTS APT. 610 SARASOTA FL 34236 US | Mailing Address 1010 MALLOW WAY BRANDON FL 33511 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/25/1996 | |
| 4. FEI Number 59-3453196 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

BAUER, STEPHEN T
1010 MALLOW WAY
BRANDON FL 33511

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------------|--|
| TITLE | D <input type="checkbox"/> DELETE | |
| NAME | BAUER, JOHN G | |
| STREET ADDRESS | 711 MATLAND STREET | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | D <input type="checkbox"/> DELETE | |
| NAME | BAUER, STEPHEN T | |
| STREET ADDRESS | 1010 MALLOW WAY | |
| CITY-ST-ZIP | BRANDON FL 33511 | |
| TITLE | D <input type="checkbox"/> DELETE | |
| NAME | DENARO, JOHN | |
| STREET ADDRESS | 4983 79TH AVENUE DRIVE EAST | |
| CITY-ST-ZIP | SARASOTA FL 34243 | |
| TITLE | D <input type="checkbox"/> DELETE | |
| NAME | MACULAY, CHARLES P | |
| STREET ADDRESS | 988 BLVD. OF THE ARTS, APT 610 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | <input type="checkbox"/> DELETE | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Stephen T. Bauer **STEPHEN T. BAUER** 2/2/99 813-829-2956
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)