

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 15 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000002303 (0)

1. Corporation Name
 ETA INTERNET SOLUTIONS, INC.



Principal Place of Business
 1900 ARROWHEAD DRIVE NE
 ST PETERSBURG FL 33731-904

Mailing Address
 1900 ARROWHEAD DRIVE NE
 ST PETERSBURG FL 33731-904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 710 94 AVE No		26 710 94 AVE No		01/09/1997	
22 310		27 310		4. FEI Number	
23 ST. PETERSBURG, FL		28 ST. PETERSBURG, FL		59-3433623	
24 33702		29 33702		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANEY, R. REID 101 E KENNEDY BLVD SUITE 4100 TAMPA FL 33602				81 Name Tonja Isaac			
				82 Street Address (P.O. Box Number is Not Acceptable) 4412 Iris Street No.			
				83			
				84 City St. Petersburg FL 85 Zip Code 33714			

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: *Tonja Isaac* *Tonja Isaac* DATE: July 7, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	PUNDARI, MOHAN E PE <input type="checkbox"/> DELETE	1.1 TITLE S	Tonja Isaac <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1900 ARROWHEAD DRIVE NE	1900 ARROWHEAD DRIVE NE	1.2 NAME Tonja Isaac	
CITY-ST-ZIP ST PETERSBURG FL 33731-904	ST PETERSBURG FL 33731-904	1.3 STREET ADDRESS 4412 Iris St. No.	
TITLE D	MULERT, DALE A <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP St. Pete, FL 33714	
STREET ADDRESS 1428 WILLIAMS ROAD	1428 WILLIAMS ROAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP LUTZ FL 33549	LUTZ FL 33549	2.2 NAME	
TITLE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
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 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: *Mohan Pundari* 7/7/98 813-577-1200

CR2E034 (5/98)