1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POZOCOCEO713

INTERNET TRADER INC.			<u>.</u>	
Principal Place of Business	Mailing Address			
102 STATE RD. 13 UNIT #3	P.O. BOX 23279 JACKSONVILLE FL 32241			
JACKSONVILLE FL 32259 US	US			
2. Principal Place of Business	2a. Mailing Address			ľ
21 6950 thillips Huy.	26 6950 Phillips	HW	7	╀
Suite, Apt; #; etc.	Suite, Apt, #, etc.			f
22 5 12	27 Ste 12			╀
City & State	City & State		٠,	
Zip Country	Zip C	ountry	<u> </u>	t
24 3 2 2 1 6 25 YS	29 32216 30	<u></u> ~		l
9. Name and Address of Curr	ent Registered Agent			_
	<del></del>	81	Name	
tritt, arnold d. Jr. 2236 st. Johns Avenue		82	Street Addre	SS
SUITE 100		83		
JACKSONVILLE FL 32204		104		_
		84	City	

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90104 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed 07/09/1997 Applied For 4. FEI Number Not Applicable 59-3456354 **\$8.7**5 Additional. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes the current year Intangible Yes □No. Personal Property Tax. 0. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) Zip Code 85 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITL F 1.2 NAME FOOTE, GEORGE J NAME 13 STREET ADDRESS 1605 BERWICK RD. STREET ADDRESS JACKSONVILLE FL 32207 1.4 City-ST-ZiP CITY-ST-ZIP Addition ☐ DELETE 21 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITI F 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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:

CR2E034 (11/98)