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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000034935

INTERNETWORK MARKETING CORPORATION

Mailing Address Principal Place of Business 1000 WEST AVENUE 1000 WEST AVENUE SUITE 512 SUITE 512 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualifed 04/16/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country This corporation owes the current year Intangible Personal Property Tax. □No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MORRIS, RICHARD L JR 1308 DREXEL AVE #101 MIAMI BEACH FL 33139 83 84 BEA CH **IMAJ**Ž

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 clorida. 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 gistered Agent signature required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Change ☐ DELETE 1.1 TITLE TITLE MORRIS. RICHARD L JR 1.2 NAME NAME WEST AVE. #512 -1308 DREXEL AVE-#101-1.3 STREET ADDRESS STREET ADORESS MIAMI BEACH FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition - Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 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 13 if chapted or one empty household. officer or director of the corporation or the receiver or trustee e Block 12 or Block 13 if changed, or on an attachment with an a

SIGNATURE:

FILED

Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90111 006 ***150.00

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