

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000278 (0)**

1. Corporation Name
INTERNET FINANCIAL NETWORK, INC.



Principal Place of Business 3921 S.W. 47TH AVENUE SUITE #1011 DAVIE FL 33316	Mailing Address 3921 S.W. 47TH AVENUE SUITE #1011 DAVIE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0540949		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				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, 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	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	BORO, CLIFFORD T	1.2 NAME	
STREET ADDRESS	3921 S.W. 47TH AVENUE, STE 1011	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	HEMNES, THOMAS M	2.2 NAME	
STREET ADDRESS	1 POST OFFICE SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, RICHARD	3.2 NAME	
STREET ADDRESS	28 VESEY STREET, STE 2195	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, STEVEN	4.2 NAME	
STREET ADDRESS	1111 KANE LONCOURSE #401	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BELTON, PETER	5.2 NAME	
STREET ADDRESS	71 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (10/97)