

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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90020 044 \*\*\*150.00

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|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **F95000000278**

1. Corporation Name  
**INTERNET FINANCIAL NETWORK, INC.**

|                                                                                                |                                                                                    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3921 S.W. 47TH AVENUE<br/>SUITE #1011<br/>DAVIE FL 33316</b> | Mailing Address<br><b>3921 S.W. 47TH AVENUE<br/>SUITE #1011<br/>DAVIE FL 33316</b> |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                 |                                       |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/18/1995</b>                                                                                          | 4. FEI Number<br><b>65-0640949</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                       | <b>\$8.75</b> Additional Fee Required |                                                        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                 | <b>\$5.00</b> May Be Added to Fees    |                                                        |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                                                        |

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

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                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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

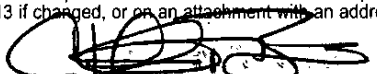
12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | PSD                             | <input type="checkbox"/> DELETE |
| NAME           | BORO, CLIFFORD T                |                                 |
| STREET ADDRESS | 3921 S.W. 47TH AVENUE, STE 1011 |                                 |
| CITY-ST-ZIP    | DAVIE FL                        |                                 |
| TITLE          | AS                              | <input type="checkbox"/> DELETE |
| NAME           | HEMNES, THOMAS M                |                                 |
| STREET ADDRESS | 1 POST OFFICE SQUARE            |                                 |
| CITY-ST-ZIP    | BOSTON MA                       |                                 |
| TITLE          | CD                              | <input type="checkbox"/> DELETE |
| NAME           | BENNETT, RICHARD                |                                 |
| STREET ADDRESS | 28 VESEY STREET, STE 2195       |                                 |
| CITY-ST-ZIP    | NEW YORK NY                     |                                 |
| TITLE          | D                               | <input type="checkbox"/> DELETE |
| NAME           | BROOKS, STEVEN                  |                                 |
| STREET ADDRESS | 1111 KANE LONCOURSE #401        |                                 |
| CITY-ST-ZIP    | BAY HARBOR ISLANDS FL           |                                 |
| TITLE          | D                               | <input type="checkbox"/> DELETE |
| NAME           | BELTON, PETER                   |                                 |
| STREET ADDRESS | 71 BROADWAY                     |                                 |
| CITY-ST-ZIP    | NEW YORK NY                     |                                 |
| 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:  **CLIFFORD T. BORO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 954-321-6061  
Date Daytime Phone #

CR2E034 (11/98)