

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000006236 (2)**

1. Corporation Name

KCI INTERNET, INC.



Principal Place of Business

P.O. BOX 1667
OLDSMAR FL 34677

Mailing Address

P.O. BOX 1667
OLDSMAR FL 34677

2. Principal Place of Business

21 **301 Douglas Rd.**

Suite, Apt. #, etc.

22
City & State

23 **Oldsmar, Florida**

24 Zip **34677**

25 Country **USA**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

4. FEI Number

59-3343161

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KERRIGAN, DENNIS E
209 MYSTIC LAKE DR. N.
ST. PETERSBURG FL 33702**

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 of officer or director (Print name, title and title of corporation)

(NOTE: Registered Agent's name is required to be typed on this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** DELETE
NAME **KERRIGAN, DENNIS E**
STREET ADDRESS **209 MYSTIC LAKE DRIVE N.**
CITY-STATE-ZIP **ST. PETERSBURG FL 33702**

TITLE **WC** DELETE
NAME **HOUSTON, FRANK**
STREET ADDRESS **734 42ND AVE. N.**
CITY-STATE-ZIP **ST. PETERSBURG FL 33337-03**

TITLE **ST** DELETE
NAME **LEE, CYNTHIA K**
STREET ADDRESS **600 CLARENDON ST.**
CITY-STATE-ZIP **OLDSMAR FL 34677**

TITLE **D** DELETE
NAME **LEE, COY R**
STREET ADDRESS **918 STATE STREET**
CITY-STATE-ZIP **OLDSMAR FL 34677**

TITLE **D** DELETE
NAME **MCKELL, DAVID H**
STREET ADDRESS **3012 101ST ST. EAST**
CITY-STATE-ZIP **PALMETTO FL 34221**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP Change Addition

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP Change Addition

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed or on an attachment with an address.

SIGNATURE: *Cynthia K. Lee*, Cynthia K. Lee, Secretary/Treasurer 3/5/96 813 855-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)