

FILE NOW: FILING FEE AFTER MAY 1ST IS \$100

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K08908** (1)
1. Corporation Name
INTELLINET, INC.

Principal Place of Business 2900 SO HORSESHOE DRIVE NAPLES FL 34104 US	Mailing Address 2900 SO. HORSESHOE DRIVE NAPLES FL 34104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2866264		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
25		30			

9. Name and Address of Current Registered Agent O'NEILL, WILLIAM R 5551 RIDGEWOOD DR STE. 302 NAPLES 33963		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUENTHER, RALPH J.	1. NAME	
STREET ADDRESS	235 WILDWOOD LANE	1. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1. CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, GLENN J.	2. NAME	
STREET ADDRESS	180 NAPA RIDGE RD. E.	2. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, WILLIAM F	3. NAME	
STREET ADDRESS	219 COLONADE CIRCLE	3. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3. CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUPP, CRAIG T	4. NAME	
STREET ADDRESS	6200 CYPRESS HOLLOW WAY	4. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4. CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNELLI, JOHN J	5. NAME	
STREET ADDRESS	373 BAY MEADOWS DR	5. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5. CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM G. HENDRICKSON	6. NAME	
STREET ADDRESS	4301 GULF SHORE BLVD NORTH	6. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6. 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: *Craig T. Hupp* Date: *2/13/98* (441) 434-5888
Daytime Phone # 0430096

CR2E034 (10/97)