

FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 010 ***150.00

DOCUMENT # K49291
1. Corporation Name

Information Highway.com, Inc.

Principal Place of Business
**One East Broward Blvd.
Ste. 700
Ft. Lauderdale, FL 33301**

Mailing Address
**One East Broward Blvd.
Ste. 700
Ft. Lauderdale, FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1988

2. Principal Place of Business
10751 Shellbridge Way

2a. Mailing Address
P.O. Box 687

4. FEI Number
65-0154103

Applied For
Not Applicable

Suite, Apt. #, etc.
Unit 185

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
Richmond, BC

City & State
Point Roberts, WA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
V6X 2W8 Country
Canada

Zip
98281 Country
USA

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

10. Name and Address of New Registered Agent

**Florida Incorporators, Inc.
1221 Brickell Ave. Ste. 900
Miami, FL 33131**

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 signatures required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **Hackney, Robert C.**
STREET ADDRESS **1155 Louisville Ave. Ste. 100**
CITY-ST-ZIP **Winter Park, FL 32789**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Robertson, John G.**
1.3 STREET ADDRESS **10751 Shellbridge Way, Unit 185**
1.4 CITY-ST-ZIP **Richmond, BC V6X 2W8, Canada**

TITLE **PD** ☒ DELETE
NAME **Perkins, Van R.**
STREET ADDRESS **One East Broward Blvd**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Vandenberg, James L.**
2.3 STREET ADDRESS **600 University St. Ste. 2424**
2.4 CITY-ST-ZIP **Seattle, WA 98101-1192**

TITLE **VSD** ☒ DELETE
NAME **McAdam, Gary J.**
STREET ADDRESS **One East Broward Blvd Ste. 700**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Lorette, Jennifer**
3.3 STREET ADDRESS **10751 Shellbridge Way, Unit 185**
3.4 CITY-ST-ZIP **Richmond, BC V6X 2W8, Canada**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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: *Jennifer Lorette* **Jennifer Lorette, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Signature Required

4/30/99
Date

604-278-5996
Daytime Phone # 0182021