

FILE NOW. 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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90039 001 ***150.00

DOCUMENT # **L64951**

1. Corporation Name

C-NET, INC.

Principal Place of Business

Mailing Address

CORPCO INC
2699 S BAYSHORE DR 7TH FLOOR
MIAMI FL 33133

%CORPCO INC
2699 S BAYSHORE DR 7TH FLOOR
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

65-0190680

Applied For

Not Applicable

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26. 3055 Harbor Dr.

City & State

27. Unit 1001

City & State

28. Ft. Lauderdale, FL

Country

25. USA

Zip

29. 33316

Country

30. USA

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPCO, INC.
2699 S BAYSHORE DR
7TH FLOOR
MIAMI FL 33133

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

I, the undersigned, being the duly authorized officer of the corporation, certify that the information furnished in this statement is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PTS
CUMMINGS, JAN R
3130 NW 108TH DRIVE
CORAL SPRINGS FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

PTSD
CUMMINGS, Jan R.
3055 Harbor Dr., Unit 1001
Ft. Lauderdale, FL 33316

☒ Change ☐ Addition

D
CUMMINGS, JAN, R
3130 NW 108TH DR
CORAL SPRINGS FL

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

I, the undersigned, being the duly authorized officer of the corporation, certify that the information furnished in this statement is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name appears in 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 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 Section 13 if changed, or on an attachment with an address with all other like empowerments.

Jan R. Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN R. CUMMINGS, PD

4/22/99

(954) 467-1534

CR2E034 (1/98)