SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR SEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jul 23 1998 8:00am

7/6/98 266-8750 Date

Daytime Phone #

2. Principal Place of Business		1998	DIV	Secretary of ISION OF COR	•	IONS		Secreta	iry (of St	tate	
No. 2 Principal Place of Business Malling Address WAS E ATLANTIC AVENUE SUITE 208 DERAY BEACH R. 3448 DERAY BE	DOCUMENT # N96000003324 (8)											
Noting & Anthony (Name 1996) Suffice 26 DELRAY BEACH FL 33482 2. Principal Piace of Business 3. Destination of Business 3. Destination of Business 4. Electron Summary Financing 5. Suffice of Business 5. Coefficient of Subsus Destired 5. Suffice of Business 5. Coefficient of Subsus Destired 5. Suffice of Business 5. Coefficient of Subsus Destired 5. Suffice of Business 7. In this indiproduce operation of Summary Financing 7. In this indiproduce operation of Subsus Observed 8. Name and Address of Current Regulatered Agent 1. Name 1. Name 1. Name and Address of Current Regulatered Agent 1. Name 1. Name and Address of Current Regulatered Agent 1. Name 1. Name and Address of Subsus Observed 1. Name and Address of Subsus Observed 1. Name and Address of Subsus Observed 1. Name 1. Name and Address of Subsus Observed 1. Name 1. Name 1. Name 1. Name and Address of Subsus Observed 1. Name		INTERNET SERVIC										
SUITE 208 CDERAY BEACH FL 29483 CDERAY BEACH	Principal Plac	Malling Addre					Pill able: adeit	nālās titās tit	.HB 11911 B1B1 1841			
DELRAY BEACH FL 20483 DELRAY BEACH FL 20484									be			
2. Principal Proce of Business 2. Mailing Address 5. Certificate of Status Desired							<u> </u>	4. FEI Number).		Applied For	
Sultin, Apt. 8, etc. 28 Sultin, Apt. 8, etc. 27 City & State 28 Sultin, Apt. 8, etc. 27 City & State 28 Sultin, Apt. 8, etc. 27 City & State 28 Sultin, Apt. 8, etc. 28 Sultin, Apt. 8, etc. 29 Sultin, Apt. 8, etc. 29 Sultin, Apt. 8, etc. 29 Sultin, Apt. 8, etc. 20 Sultin, Apt. 8, etc. 20 Sultin, Apt. 8, etc. 21 Sultin, Apt. 8, etc. 22 Sultin, Apt. 8, etc. 23 Sultin, Apt. 8, etc. 24 Sultin, S	2. Principal P	lace of Business	2a. Malling Ad	dress						\$8.7	Not Applicable 5 Additional	
22 COY & State 23 COY & State 24 COY & State 25 COY & State 26 COY & State 27 COY & State 28 COY & State 29 COUNTY 29 COUNTY 29 STATE COY & State 30 COUNTY 30 COUNTY 30 COUNTY 31 Name and Address of Current Registered Agent 40 State Address of New Registered Agent 40 State Address of October 10 State Agent 40 State Address of New Registered Agent 40 State Address of October 10 State Agent 40 State Agent 40 State Address of October 10 State Agent 40 State		·	·					5. Certificate of Status Desired		•		
City & State City & State City & State City & State City Country City C	 -	#, et c.	h	#, etc.					, 🗆		•	
Zip	City & Stat	te .	City & Ste	10						ers associat		
28 28 38 Personal Property Tax due June 30. Yes No		Country		- 1	Country			B. This corporation owes or has			Intenalble	
MARION, JOE 1045 E. ATLANTIC AVENUE SUITE 206 DERAY BEACH FL 33488 11. Pursuant to the provisions of sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of miles or registered applied to both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby acceptive applications of jacotion 617,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of miles or registered applied or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby acceptive appointment as registered office or registered applied to both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby acceptive appointment as registered office or registered applied to both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby acceptive appointment as registered office or registered applied to both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby acceptive appointment as registered office or registered applied to both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby acceptive appointment as registered office or registered applied to both in this State of Florida. Such change was authorized by the corporation's pointment as registered office of the purpose of Florida. Such change was authorized by the corporation's pointment as registered office of Florida. Such change was authorized by the corporation's pointment as registered office and the registered applied to purpose authorized by the corporation's pointment as registered office and the purpose of the purpose and the purpose of the purpose of Florida. Such change was authorized by the Corporation of purpose of Florida. Such change was authorized by the Corporation of purpose of the purpose of the pu	24				L			Personal Property Tax due J	lune 30.	Yes		
MARION, JOE 1045 E. ATLANTIC AVENUE SUITE 208 DELRAY BEACH FL 33489 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with just accept the soligions of justices for 75,003, Florida Statutes, the above-named corporation's board of directors. I hereby accept, the appointment as registered agent. I am familiar with justices 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 justices of Florida, Such change was surficised by the corporation's board of directors. I hereby accept, the appointment as registered agent. I am familiar with justices of Florida Statutes. SIGNATURE SIGNATURE D		9. Name and Address	of Current Registered Agen	1				0. Name and Address of New	Registere	d Agent		
DELRAY BEACH FL 33488 Section Floridary Florida	1045 E. AT	tl án tic avenújé			82			(P.O. Box Number is Not Accep	stable)			
11. PRIJECT IN THE PUTPOSE STIT COSC and 617.1508. First a Statute, the above-named corporation submits this statement for the putpose of offering is registered option or organized agent. I am familiar with/and accept the obligations of section 617.0508, Florida Statutes agent in the familiar with/and accept the obligations of section 617.0508, Florida Statutes. SIGNATURE Comparison of the putpose of offering is a submit of the obligations of section 617.0508, Florida Statutes. Comparison of the putpose of offering is a submit of the obligations of section 617.0508, Florida Statutes. I have prepared agent					<u> </u>	City				85 Z	ip Code	
Begent. 1 am familiar with rand accorpt the galilipations of gaseton 617.0503, Florida Statutes. SIGNATURE SIGNATURE SUPPLICATION OF FICERS AND DIRECTORS TITLE PD OFFICERS AND DIRECTORS TITLE PD OFFICERS AND DIRECTORS TITLE NAME STREETADORESS SIGNATURE PD OFFICERS AND DIRECTORS TITLE NAME STREETADORESS OTTYST-ZP NAME STREETADORESS TITLE NAME STREETADORESS TITLE NAME STREETADORESS TITLE NAME STREETADORESS TITLE NAME STREETADORESS OTTYST-ZP MAMIF L 33169. DELETE OFFICERS AND DIRECTORS IN- TITLE NAME STREETADORESS TITLE DELETE STITLE STITLE DELETE STITLE D												
12. OFFICERS AND DIRECTORS TITLE NAME RUBENSTEIN, JEFFREY D DELETE 13. TITLE NAME NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS OTV-ST-ZIP MARCHANT, JIM DELETE DELETE A1 TITLE D Change A1 TITLE DELETE A1 TITLE D	agent, I am familiar with/and accept the obligations of, section 617.0503, Florida Statutes.											
1.	SIGNATURE.	Signature, broke or protect name of re				pent signalur	ura feouired v	when reinstating)	PATE	0		
NAME STREET ADDRESS STORY STUP WEST NEWPORT CENTER DRIVE 1.3 STREET ADDRESS STREET ADDRESS STUP STUP NAME NAME NAME NAME NAME STREET ADDRESS STUP STUP NAME NAME STREET ADDRESS STUP STUP NAME NAME NEWBERRY ROAD STREET ADDRESS STUP STUP NAME STREET ADDRESS STREET ADDRESS STUP STUP NAME STUP										ND DIREC	TORS IN 12	
STREET ADDRESS 1901 WEST NEWPORT CENTER DRIVE CITYSTZIP DEFRIELD BEACH FL 33442-7734 TITLE NAME MARCHANT, JIM STREET ADDRESS 1/10 WEST NEWBERRY ROAD CITYSTZIP TITLE SD NAME VOLZ, MILTON V III STREET ADDRESS 1177 KANE CONCOURSE STE 201 CITYSTZIP SAY HARBOR FL 33134 DELETE TITLE DELETE TITLE DELETE NAME NEPTUNE, MARK NEPTUNE, MARK NEPTUNE, MARK NEPTUNE, MARK STREET ADDRESS 1020 NW 163RD DRIVE TITLE NAME NAME NEPTUNE, MARK STREET ADDRESS 1020 NW 163RD DRIVE TITLE NAME DELETE S1 TITLE NAME STREET ADDRESS 1020 NW 163RD DRIVE S1 STREET ADDRESS 11 TITLE S2 CITYSTZIP TITLE NAME STREET ADDRESS 11 TITLE S2 CITYSTZIP MAMI FL 33169. DELETE S1 STREET ADDRESS S1				DELETE	1.1 TITLE		17	easuren T	P	Chang	e X Addition	
TITLE NAME MARCHANT, JIM STREET ADDRESS 14119 WEST NEWBERRY ROAD CITY-ST-ZIP TITLE SD WOLZ, MILTON V III STREET ADDRESS 1777 KANE CONCOURSE STE 201 CITY-ST-ZIP TITLE TI							Te	rru Russell,	,		• •	
TITLE NAME NARCHANT, JIM STREET ADDRESS I (4119 WEST NEWBERRY ROAD CITY-ST-ZIP NAME VOLZ, MILTON V III STREET ADDRESS I (4119 WEST NEWBERRY ROAD CITY-ST-ZIP NAME VOLZ, MILTON V III STREET ADDRESS I (417 ST-ZIP SAY HARBOR FL 33134 DELETE I (100 Clevel and St. #900P 3.3 STREET ADDRESS CITY-ST-ZIP TITLE ID NAME NEPTUNE, MARK STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169. DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DEL							110	15outh, 431	m , =	1.704	C	
NAME STREET ADDRESS CITY-ST-ZIP TITLE \$D NAME WOLZ, MILTON V III STREET ADDRESS CITY-ST-ZIP TITLE TD NAME NEPTUNE, MARK STREET ADDRESS CITY-ST-ZIP NAME NEPTUNE, MARK STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NEPTUNE, MARK STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI			33442-//34	DELETE		T-ZIP	100	Rockinger	<u> </u>	1		
STREET ADDRESS CITY-ST-ZIP TITLE SD NAME WOLZ, MILTON V III STREET ADDRESS TITLE STREET ADDRESS TITLE SD NAME WOLZ, MILTON V III STREET ADDRESS TITLE STREET ADDRESS TITLE SD NAME STREET ADDRESS TITLE TD NAME NEPTUNE, MARK STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE DELETE STREET ADDRESS TITLE TIT		1 T	L	DELETE		-	41.	Sidevi ba	,	Chang	ge Addition	
CITY-STZIP TITLE SD DELETE 3.1 TITLE 3.2 NAME VOLZ, MILTON V III STREET ADDRESS 1177 KANE CONCOURSE STE 201 CITY-STZIP 3.3 STREET ADDRESS 1177 KANE CONCOURSE STE 201 CITY-STZIP DELETE 1178 TD AME MEPTUNE, MARK STREET ADDRESS 1020 NW 163RD DRIVE CITY-STZIP TITLE NAME STREET ADDRESS CITY-STZIP MAMI FL 33169. DELETE 5.1 TITLE DELETE 5.1 TITLE S.2 NAME 5.3 STREET ADDRESS CITY-STZIP TITLE NAME STREET ADDRESS CITY-STZIP TITLE DELETE 5.1 TITLE S.2 NAME 5.3 STREET ADDRESS CITY-STZIP TITLE DELETE 6.1 TITLE S.2 NAME STREET ADDRESS CITY-STZIP TITLE DELETE 6.1 TITLE S.3 STREET ADDRESS CITY-STZIP 14.1 Thereby contily that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further contily that the information indicated on this annual report or supplied with this filling does not qualify for the exempt			RY ROAD		1		Mar	chart, Jim				
NAME STREET ADDRESS TITLE TD MEPTUNE, MARK STREET ADDRESS CITY-ST-ZIP MAMI FL 33 169. DELETE	CITY-ST-ZIP				2.4 CITY-S	T-ZIP						
STREET ADDRESS 1177 KANE CONCOURSE STE 201 1178 SAY HARBOR FL 33134 1170 DELETE 1171 DELETE	1			DELETE			Sec	relarg 54	il.	Chang	e Addition	
OTTYST-ZIP TITLE TD NAME NEPTUNE, MARK STREET ADDRESS 1020 NW 163RD DRIVE CITY-ST-ZIP MAMI FL 33169. TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS THE STREET ADDRESS THE STREET ADDRESS THE STREET ADDRESS THE STREET ADDR			OF OT 004					bara Mitche	44	· amf	> ''	
TITLE NEPTUNE, MARK STREET ADDRESS 1020 NW 163RD DRIVE CITY-ST-ZIP MIAMI FL 33169. DELETE Addity-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE DELETE S.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliemental innual 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 he preciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears							1110	o cleveland			Ī	
NEPTUNE, MARK STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE S.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 innual 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 proceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears			<u></u>	DELETE		1-291	Vic		1700		Addition	
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169. DELETE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Change Ad 6.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 innual 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 procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears		1 7 T	<i>"</i>				126	· · · · · · · · · · · · · · · · · · ·	~ .		- W	
CITY-ST-ZIP MIAMI FL 33169. 4.4 CITY-ST-ZIP West Palm Beach, F 33 40 9 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Ad 6.2 NAME 8.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Ad 6.2 NAME 8.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 innual 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 procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	STREET ADDRESS	1020 NW 163RD DRIVE		l l	4.3 STREET	ADDRESS	180	O OIL OKeechob				
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Ad 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 innual 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 procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears		MIAMI FL 33169.				T-ZIP			<u>FI 33</u>	3409		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Ad 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. 1 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 innual 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 procedure or trustee empowered to execute this report as regulred by Chapter 617, Florida Statutes; and that my name appears				DELETE]			Chang	e Addition	
CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the procedure or trustee empowered to execute this report as regulred by Chapter 617, Florida Statutes; and that my name appears	ļ					ADDDree						
TITLE NAME 6.2 NAME 6.2 NAME 8.3 STREET ADDRESS 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears				l								
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby ordify that the information supplied with this filling 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 ceth; that I am an officer or director of the corporation or the procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears			7 0	DELETE			 			Chang	e Addition	
CITYST-ZIP 14. I hereby certify that the information supplied with this filling 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	NAME		// -		6.2 NAME		1			والمدادة لي		
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 innual 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 procedure or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	STREET ADDRESS		//		6.3 STREET	ADDRESS						
indicated on this annual report or supplemental innual 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 proleter or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears		antide of the death of the second	- Land					440 07/9V/\ Fig. 24- 04-4-2	6		.formation	
\sim 1/ \sim \sim 1/ \sim	indicated (an officer	on this annual report or support of support of the corporation	olemental annual report is tru n or the raceiver or trustee en	e and accurate apowered to ex-	and that ecute thi	my signa s report a	ni section lature sha as require	וון האנים אין, הוחתם Statutes. ו Ill have the same legal effect as ed by Chapter 617, Florida Statu	funner certing if made und utes; and the	y that the in der cath; thi at my name	at I am appears	