

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90308 025 ****61.25

DOCUMENT # **N96000005135**

1. Corporation Name

BIZNET EXCHANGE, INC.

Principal Place of Business

7771 W OAK PK BLVD
STE 142
SUNRISE FL 33351
US

Mailing Address

7771 W OAK PK BLVD
STE 142
SUNRISE FL 33351
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/03/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0696687

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

25

Zip

Country

29

30

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEHREN, SCOTT M ESQ.
1221 BRICKELL AVENUE
SUITE 1780
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **MCCLELLAN, SUSAN**
STREET ADDRESS **8355 N.W. 6TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **MEDINA, HECTOR**
STREET ADDRESS **2871 N.W. 92ND AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **COLE, ROBERT D**
STREET ADDRESS **9847 N.W. 48TH CT.**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

NAME **TOBIER, SHEILA**
STREET ADDRESS **4584 N HIATUS RD**
CITY-ST-ZIP **SUNRISE FL 33351**

4.1 TITLE **SD** ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **BEHREN, SCOTT M**
STREET ADDRESS **9908 N.W. 2ND STREET**
CITY-ST-ZIP **PLANTATION FL 33324**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **COLE, ROBERT D**
STREET ADDRESS **3469 NW 55th St**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

6.1 TITLE **VD** ☒ 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D Cole

4/15/99

954-571-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)