

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000004194

1. Corporation Name

FIRST INTERNET ASSOCIATION, INC.

Principal Place of Business

AMTEC CENTER BLDG 2, SUITE 202
6421 CONGRESS AVE
BOCA RATON FL 33487

Mailing Address

AMTEC CENTER BLDG 2, SUITE 202
6421 CONGRESS AVE
BOCA RATON FL 33487

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

07-20-1999 90003 004 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

65-0772946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ZELLS, JOHN V
AMTEC CENTER BLDG 2, SUITE 202
6421 CONGRESS AVE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME DORMAN, JAMES M
STREET ADDRESS 1882 RICHARD LANE
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE D ☐ DELETE
NAME DEBAUCHE, BRAD
STREET ADDRESS 116 AUBURN DRIVE
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☐ DELETE
NAME FOY, HUNTER
STREET ADDRESS 39 SW 10TH AVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE
NAME BLAKELEY, WENDELL E
STREET ADDRESS 174 VASSAR DRIVE
CITY-ST-ZIP LAKE WORTH FL 33486

TITLE D ☐ DELETE
NAME ZELLS, JOHN V
STREET ADDRESS 23053 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-99 (561) 982-4703

Date

Daytime Phone #

CR2E037 (5/99)