

|                                                                                                   |  |                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                               |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # N98000004640</b><br>1. Corporation Name<br><b>AMERICAN INTERNET INSTITUTE, INC.</b> |  |                                                                                                                                                                                                                 |  |
| Principal Place of Business<br>7531 MARIANA DR<br>SARASOTA FL 34231                               |  | Mailing Address<br>7531 MARIANA DR<br>SARASOTA FL 34231                                                                                                                                                         |  |

FILED

99 OCT 13 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

618647-90008-41



9/22/99 90008 041 \$61.25

|                                |                     |                     |                     |                                                                                                             |  |
|--------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified                                                                           |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 08/05/1998                                                                                                  |  |
| 22                             | City & State        | 27                  | City & State        | 4. FEI Number                                                                                               |  |
| 23                             | Zip                 | 28                  | Zip                 | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                  |  |
| 24                             | Country             | 29                  | Country             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
|                                |                     |                     |                     | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |

|                                                         |  |  |  |                                                                                                     |  |  |  |
|---------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent                                                        |  |  |  |
| KAYATT, MICHAEL<br>7531 MARIANA DR<br>SARASOTA FL 34231 |  |  |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 88 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      |                 |             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |                    |                 |
|----------------------------|----------------------|-----------------|-------------|-------------------------------------------------------|----------|--------------------|-----------------|
| TITLE                      | NAME                 | STREET ADDRESS  | CITY-ST-ZIP | 1.1 TITLE                                             | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|                            | Michael Kayatt       | 7531 Mariana Dr | 34231       |                                                       |          |                    |                 |
|                            | President/Exec. Dir. |                 |             |                                                       |          |                    |                 |
| TITLE                      | NAME                 | STREET ADDRESS  | CITY-ST-ZIP | 2.1 TITLE                                             | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|                            | Carolyn Kayatt       | 7531 Mariana Dr | 34231       |                                                       |          |                    |                 |
|                            | Director             |                 |             |                                                       |          |                    |                 |
| TITLE                      | NAME                 | STREET ADDRESS  | CITY-ST-ZIP | 3.1 TITLE                                             | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
|                            | Arthur Lipshutz      | 7531 Mariana Dr | 34231       |                                                       |          |                    |                 |
|                            | Dir.                 |                 |             |                                                       |          |                    |                 |
| TITLE                      | NAME                 | STREET ADDRESS  | CITY-ST-ZIP | 4.1 TITLE                                             | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
|                            |                      |                 |             |                                                       |          |                    |                 |
| TITLE                      | NAME                 | STREET ADDRESS  | CITY-ST-ZIP | 5.1 TITLE                                             | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
|                            |                      |                 |             |                                                       |          |                    |                 |
| TITLE                      | NAME                 | STREET ADDRESS  | CITY-ST-ZIP | 6.1 TITLE                                             | 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 118.07(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 BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

KE