

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000023342 (6)**

1. Corporation Name

INTERNETU, INC.



Principal Place of Business

**722 ST. CLAIR ST.
MELBOURNE FL 32935
US**

Mailing Address

**722 ST. CLAIR ST.
MELBOURNE FL 32935
US**

3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

21 **2060 PALM BAY RD NE**

2a. Mailing Address

26 **2060 PALM BAY RD NE**

4. FEI Number

59-3237895

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **#3**

Suite, Apt. #, etc.

27 **#3**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **PALM BAY, FL**

City & State

28 **PALM BAY, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 **32905**

Country

25 **USA**

Zip

29 **32905**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**O'BRIEN, JAMES M.
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

JAMES M. O'BRIEN

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

1686 W. HIBISCUS BLVD

83

84 City

MELBOURNE

FL

85 Zip Code

32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or principal agent of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when resigning)

4/29/96

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **GALLO, MICHAEL A**
STREET ADDRESS **225 SHERIDAN AVE**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **DV** ☐ DELETE

NAME **WELLS, JAMES M**
STREET ADDRESS **2699 PINEAPPLE AVE.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **PSTD** ☐ DELETE

NAME **POLLACK, RANDY B.**
STREET ADDRESS **2699 PINEAPPLE AVE.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE

NAME **[Signature]**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

D CAROLYN FAUSNAUGH

405 HWY A1A

SATELLITE BEACH, FL 32937

D STEVE LINDSEY

1650 NONA ST. NE

PALM BAY, FL 32907

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randy B. Pollack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407) 952-8487
Date Daytime Phone #

CR2E034 (12/95)