

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90019 023 \*\*\*\*\*8.75

05-29-1999 90019 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000051494**

1. Corporation Name  
**HOSNET INTERNATIONAL, INC.**

Principal Place of Business  
P.O. BOX 22867  
LAKE BUENA VISTA FL 32830


Mailing Address  
P.O. BOX 22867  
LAKE BUENA VISTA FL 32830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>PO Box 691898</b>		2a. Mailing Address 26 <b>PO Box 691898</b>		3. Date Incorporated or Qualified <b>07/05/1994</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3323973</b>	
City & State 23 <b>ORLANDO FL</b>		City & State 28 <b>ORLANDO FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>32869-1898</b> 25 <b>US</b>		Zip 29 <b>32869-1898</b> 30 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CHRISTOPHER J DRACO 3199 ARROWHEAD LN KISSIMEE FL 34746</b>		10. Name and Address of New Registered Agent 81 Name <b>CHRISTOPHER J. DRACO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6849 WEST COLONIAL DRIVE</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32818</b>			

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  **CHRISTOPHER J. DRACO, VICE PRESIDENT/DIRECTOR**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-28-99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCK, DOROTHY V</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 22867 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL 32830</b>	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<b>PVSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTOPHER J DRACO</b>	2.2 NAME	<b>CHRISTOPHER J DRACO</b>
STREET ADDRESS	<b>PO BOX 22867 N/A</b>	2.3 STREET ADDRESS	<b>PO BOX 691898</b>
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL 32830</b>	2.4 CITY-ST-ZIP	<b>ORLANDO FL 32869-1898</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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:  **CHRISTOPHER J. DRACO, VP/DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99  
Date

407-887-6086  
Daytime Phone #

CR2E034 (11/98)

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