

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000078958 (3)**

1. Corporation Name  
**FLORIDA INTERNET CORPORATION (Formerly known as)**  
**REMOTE SUPPORT INCORPORATED**



Principal Place of Business

Mailing Address

~~7777 GLADES RD~~  
~~STE 213~~  
~~BOCA RATON FL 33434~~  
~~US~~

~~7777 GLADES RD~~  
~~STE 213~~  
~~BOCA RATON FL 33434~~  
~~US~~

3. Date Incorporated or Qualified  
**10/27/1994**

3a. Date of Last Report  
**04/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1800 OLD OKEECHOBEE RD**

26 **SAME**

4. FEI Number

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

22 **SUITE 103**

27 Suite, Apt. #, etc.

23 **WEST, PALM BEACH, FL.**

28 City & State

24 **33409**

25 **FLA**

29 **FLA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLODIG, GREGORY J**  
**1630 N. FEDERAL HWY.**  
**FT. LAUDERDALE FL 33305**

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 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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ **ST**  
NAME **GOERTZ, THOMAS**  
STREET ADDRESS **7777 GLADES RD #213**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PRESIDENT**  
**CHRIS TENNY**  
**1800 OLD OKEECHOBEE RD SUITE 103**  
**W. PALM BEACH, FL. 33409**

**100001741171**  
**-03/13/96--01037--027**  
**\*\*\*200.00**

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 amendment with an address.

SIGNATURE: **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/96**  
Date

**407-615-0001**  
Daytime Phone #

CR2E034 (12/95)