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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010807

1. Corporation Name

ORLANDO INTERNET SERVICES, CORP.

Principal	Place	of	Business

Mailing Address

PO BOX 2449 ORLANDO FL 32802-2449 PO BOX 2449 ORLANDO FL 32802-2449

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90003 009 ***150.00



DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed	•

							02/06/1995				
2. Principal Pl	ace of Business	2a. Mailing	Address				FEI Number		P	pplied For	
21		26					59-3301820			lot Applicable	
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.				Certifcate of Status Desire	d 🗆	\$8.75	Additional	
22 .		27		-		J.	Certificate of Status Desire	<u>-</u>	_ Fee F	Required	
City & State	9	City &	State			6.	Election Campaign Finance	ing \square	\$5.00	May Be	
23		28					Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	_	Country		8.	This corporation owes the	current year Int			
24	25	29	36	D]			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered A	gent	81	10. Name and Address of New Registered Agent						
VANDELIZEVOM DODEDIC				81	81 Name						
	Vanbeuzekom, roderic 7728 Glyhde Hill dr. 18uite e				82 Street Address (P.O. Box Number is Not Acceptable)						
	ANDO FL 32835			83	83						
) OND	ANDO FL 32033			84	City				85 Zig	Code	
					1			<u>FL</u>	• ;		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508	, Florida Statutes	, the above	e-named o	corporation	n submits this statement for	the purpose of	changing i	ts registered	
agent. I a	m familiar with, and accept the obligati	ions of, Section	607.0505, Florid	a Statutes	ule corpo	oradon's bo	and or unectors. I hereby a	coopt inc appoi	munori do i	giotorea	
SIGNATURE											
01014710112	Signature, typed or printed name of registered agent				t signature re	required when re		DATE			
12.	OFFICERS ANI	DIRECTORS		13.	·		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	P		☐ DELETE	1,1 TITLE					☐ Change	L Madillott	
NAME	VAN BEUZEKOM, RODERIC E			1.2 NAME							
STREET ADDRESS	7728 GLYHDE HILL DR.			1.3 STREET	ADDRESS)	
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S	T-ZIP		···			- ITT Addition	
TITLE		•	☐ DELETE	2.1 TITLE					Change	Addition	
NAME				2.2 NAME						Ì	
STREET ADDRESS				2.3 STREET	ADDRESS						
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP						
TITLE .	- · · · · · · · · · · · · · · · · · · ·	* •	DELETE	3.1 TITLE			-		☐ Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS)	
CITY-ST-ZIP				3.4. CITY+S	T-ZIP						
TITLE			☐ DELETE	4.1 TITLE					☐ Change	Addition	
NAME {				4. 2 NAME	ł	1				İ	
STREET ADDRESS				4.3 STREET	ADORESS	İ				Į	
CITY-ST-ZIP				4.4 CITY-\$	T-ZIP						
πιE			☐ DELETE	5.1 TITLE					Change	Addition	
NAME .				5.2 NAME						ļ	
STREET ADDRESS	•			5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY-S	r-zip				***		
TITLE			☐ DELETE	6.1 TITLE					Change	Addition	
NAME		•		6.2 NAME							
STREET ADDRESS	-			6.3 STREET	ADDRESS						
1	1, 1, 1, 2, 3, 3, 1			SACITY 6	T 710	I					

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: