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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016108 (9)

INTERNET ASSOCIATION GROUP, INC.

FILED Jan 28 1998 8:00am Secretary of State



				(B)
Principal Place of Business	Mailing Address		***************************************	
7901 BAYMEADOWS WAY	7901 BAYMEADOWS WAY	Y		
SUITE 25 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256		}	DO NOT WRITE IN THIS SPACE	
	*	•	3. Date Incorporated or Qualified	
			02/24/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6670 JOUTHPOTAT	DR. S. 25 6620 SOUTHPO	INT DR 5	59-3163342	Not Applicable
Suffe, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 JUTE 601 City & State	27 Su 175 601			Fee Required
23 JACKS ONUTURE	FC 28 JACKSONVILLE	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	2 Zip	Country	8. This corporation owes or has paid the	
24 3 HJ- 1 b 25 U	/L → ¬ ¬ ¬ −	30 USA	Personal Property Tax due June 30.	Yes No
9. Name and Address o	Current Registered Agent		10. Name and Address of New Registe	red Agent
INGHAM, LINDA C		81 Name		
1200 RIVERPLACE BLVD.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
SUITE 800			,	
JACKSONVILLE FL 32207		83	<u></u>	
\wedge		84 City		85 Zip Code
				FL T
 Pursuant to the provisions of Sections office or registered alvent or both in the 	607.0502 and 607.1508, Florida Statute on State of Florida, Such change was a	s, the above-named cou	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
agent. I am familiar with, and accept	e obligations of, Section 607.0505, Floi	rida Statutes.		n / a / a
SIGNATURE Y	OV1. >1	ローナペレロノ	1 100	
Signature, typed or printed name of reg 12. OFFIC	istered agent and title if applicable (NOTE ERS AND DIRECTORS	Registered Agont signature req	ADDITIONS/CHANGES TO OFFICERS	
TITLE D	DELETE	1.1 TUTLE	ADDITIONS/GHANGED TO OTHER IN	Change Addition
NAME INGHAM, JAMES H		1.2 NAME		
STREET ADDRESS 7901 BAYMEADOWS	WAY, SUITE 25	1.3 STREET ADDRESS		
CHTY-ST-ZIP JACKSONVILLE FL 32		1.4 CITY-ST-ZIP		
TITLE D	DELETE	2.1 TITLE		Change Addition
NAME INGHAM, LINDA C		2.2 NAME		
STREET ADDRESS 7901 BAYMEADOWS		2.3 STREET ADDRESS		
CITY-ST-ZIP SAOKBONVILLE FL 32		2.4 CITY+ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	The service of the se	3 4. CITY - ST - ZIP		
TITLE	☐ DELÉTE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE				
MILE	DELETE	4.4 CITY - ST - ZIP		Change Addition
AMALIE	☐ DELETE	5 1 TITLE		Change Addition
NAME CTREET ADDRESS	☐ DELETE	5 1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS	☐ DELETE	5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE		

officer or director of the corporation of 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 allachment with an address