

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

FILED
Apr 19, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000027536 (8)

1. Corporation Name

HIWAY TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

9732A BOCA GARDENS CIRCLE NORTH
BOCA RATON FL 33496

9732A BOCA GARDENS CIRCLE NORTH
BOCA RATON FL 33496

2. Principal Place of Business

2a. Mailing Address

21 6401 Congress Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 200

27

City & State

City & State

23 Boca Raton

28

Zip

Country

Zip

Country

24 33487

25

FL

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

4. FET Number

65-0573469

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

10. Name and Address of New Registered Agent

ADAMS, SCOTT H

9732A BOCA GARDENS CIRCLE NORTH
BOCA RATON FL 33496

81 Name

Scott H. Adams

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

6401 Congress Ave

83

Ste 200

84 City

Boca Raton

FL

85 Zip Code

33487

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

Scott H. Adams

Pres

4-11-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME ADAMS, SCOTT H
STREET ADDRESS 9732A BOCA GARDENS CIRCLE NORTH
CITY-ST-ZIP BOCA RATON FL 33496

TITLE SD ☐ DELETE
NAME NESBITT, WILLIAM G
STREET ADDRESS 9732A BOCA GARDENS CIRCLE NORTH
CITY-ST-ZIP BOCA RATON FL 33496

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 PTD ☒ Change ☐ Addition
1.2 NAME Adams, Scott H.
1.3 STREET ADDRESS 6401 Congress Ave Ste 200
1.4 CITY-ST-ZIP Boca Raton, FL 33487

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME Nesbitt, William G
2.3 STREET ADDRESS 6401 Congress Ave Ste 200
2.4 CITY-ST-ZIP Boca Raton, FL 33487

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

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:

Scott H. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

407989-8574

DATE DAYTIME PHONE

CR2E034 (12/95)