FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jun 18 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021536

1. Corporation Name
HIWAY TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
6401 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487	6401 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487

3. Date Incorporated or Qualified: 04/06/1995
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business	2a. Mailing Address
21 6401 CONGRESS AVE.	26 6401 CONGRESS AVE.
Suite, Apt. #, etc. 22 SUITE 110	Suite, Apt. #, etc. 27 SUITE 110
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip / Country 24 33487 / 25 USA	Zip / Country 29 33487 / 30 USA

4. FEI 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

9. Name and Address of Current Registered Agent

SCOTT H. ADAMS
6401 CONGRESS AVE.
SUITE 110
BOCA RATON, FL 33487

10. Name and Address of New Registered Agent

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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ADAMS, SCOTT H. 6401 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002217556--0 -06/19/97--01106--014 ****558.75 ****558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NESBITT, WILLIAM G. 6401 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition D STEVEN J. UMBERGER 6401 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D ARTHUR L. CANOON 1200 RIVERPLACE BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Scott H. Adams, President — 6/18/97 — (800) 339-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #