

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 # P95000030788

1. Corporation Name  
FLORIDANET, INC.

Principal Place of Business  
1301 W NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

Mailing Address  
1301 W NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

APPROVED  
AND  
FILED

99 JUL -2 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	33 National Business Pkwy.
22	City & State	27	200
23	Zip	28	Annapolis Junction, MD
24	Country	29	20701
25		30	

3. Date Incorporated or Qualified 04/14/1995	
4. FEI Number 65-0583286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

SELF, FLOYD  
215 S MONROE ST  
TALLAHASSEE FL 32302

81	Name
82	Street Address (P.O. Box Number if applicable) 650000029665-3
83	City
84	Zip Code
85	FL

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	11 TITLE	D/CEO
NAME	REICH, JACK E	12 NAME	Anthony J. Pompliano
STREET ADDRESS	133 NATIONAL BUSINESS PKWY, STE 200	13 STREET ADDRESS	
CITY-STATE-ZIP	ANNAPOLIS JUNCTION MD	14 CITY-STATE-ZIP	
TITLE	COO	21 TITLE	
NAME	RUBENSTEIN, JEFFREY	22 NAME	
STREET ADDRESS	1301 W NEWPORT CTR DR	23 STREET ADDRESS	
CITY-STATE-ZIP	DEERFIELD BCH FL	24 CITY-STATE-ZIP	
TITLE	CFO	31 TITLE	
NAME	PIAZZA, DAVID L	32 NAME	
STREET ADDRESS	133 NATIONAL BUSINESS PKWY, STE 200	33 STREET ADDRESS	
CITY-STATE-ZIP	ANNAPOLIS JUNCTION MD	34 CITY-STATE-ZIP	
TITLE	S	41 TITLE	
NAME	MURPHY, RILEY M	42 NAME	
STREET ADDRESS	133 NATIONAL BUSINESS HWY, STE 200	43 STREET ADDRESS	
CITY-STATE-ZIP	ANNAPOLIS JUNCTION MD	44 CITY-STATE-ZIP	
TITLE	D	51 TITLE	
NAME	RAFFERTY, CHRISTOPHER L	52 NAME	
STREET ADDRESS	133 NATIONAL BUSINESS PKWY, STE 200	53 STREET ADDRESS	
CITY-STATE-ZIP	ANNAPOLIS JUNCTION MD	54 CITY-STATE-ZIP	
TITLE		61 TITLE	D
NAME		62 NAME	Olivier L. Trouveroy
STREET ADDRESS		63 STREET ADDRESS	133 National Business Pkwy., Ste 200
CITY-STATE-ZIP		64 CITY-STATE-ZIP	Annapolis Junction, MD 20701

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:

Riley M. Murphy, Secretary 6/25/99

(301) 361-4200