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

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

22

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000041639 (2)

Country

9. Name and Address of Current Registered Agent

25

CAPSTONE INTERNET SERVICES, INC. Principal Place of Business Mailing Address 20423 STATE RD 7 20423 STATE RD 7 SUITE 6180 BOCA RATON FL 33498 SUITE 6180 **BOCA RATON FL 33498-6747** 2. Principal Place of Business 2a. Mailing Address 21 26

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Suite, Apt #, etc

City & State

Zip

FILED Jul 15 1997 8:00am Secretary of State

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☐ Yes ☐ No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

07/31/1996

3. Date Incorporated or Qualified

05/26/1995

65-0585678

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

FEI Number

VAI	NTTARE, CHERYL < V	Van Hare, Cher	[81 Name				
20952 AVENUE RUN ← ZO952		20952 Avenel	Runt	82 Street	Address (P.O. Box Number is Not Acceptable)			
VANTTARE, CHERYL Van Hare, Cheryl 20952 AVENUE RUN ZO952 Avenel Ru BOCA RATON FL 33428			. [
				83			į	
			· , [84 City	FL	85 Zij	p Code	
44. Durament to the provisions of Postions CO7 0502 and CO7 1509. Elevide Clatutes the ch				ove-named		changing	ite registered	
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 intel® applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE	D	DELETE	1.1 100	Ē		Change	e Addition	
NAME	C. VAN HARE, THOMAS		1.2 NAM	ME				
STREET ADDRESS	20952 AVENEL RUN		1.3 STR	EET ADDRESS			}	
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CIT	Y-ST-ZIP				
TITLE		DELETE	2.1 1111	.F		Change	e Addition C	
NAME			2.2 NAM	ME				
STREET ADDRESS			2.3 STR	ee1 address				
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3 1 711LE		Į	Change	e 🔲 Addition	
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CITY-ST-ZIP			4.4 CIT	Y - ST - ZIP				
TITLE		DELETE	5.1 TITL	_E	1	Change	e 🔲 Addition	
NAME			5.2 NAN	Æ				
STREET ADDRESS			5.3 STR	eet address				
CITY-ST-ZIP			5.4 0(1)	Y-ST-ZiP				
TITLE		DELETE	6.1 THU	.E]	Change	e 🔲 Addition	
NAME			6.2 NAN	AE.				
STREET ADDRESS			6.3 STR	EET ADDRESS			ļ	
CITY-ST-ZIP			_	Y-\$1-7IP				
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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that								
information indicated on this annual report of 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 of 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 charged, or on an plant ment with an address.								

Country

B1 Name