

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

DOCUMENT # P95000047579 (4)

1. Corporation Name

THE INFORMATION SUPERHIGHWAY CORPORATION



Principal Place of Business

1540 TWIN OAKS CIRCLE
OVIEDO FL 32765

Mailing Address

1540 TWIN OAKS CIRCLE
OVIEDO FL 32765

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 1540 Twin Oaks Circle

Suite, Apt. #, etc.

22

City & State

23 Oviedo FL

Zip

24 32765

Country

25 US

2a. Mailing Address

26 1540 Twin Oaks Circle

Suite, Apt. #, etc.

27

City & State

28 Oviedo FL

Zip

29 32765

Country

30 US

4. FEI Number

59-3320807

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

UNCAPHER, KENNETH R
TUKDARIAN AND UNCAPHER, P.A.
537 N MAGNOLIA AVE
ORLANDO FL 32801

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Martin M. Meads
STREET ADDRESS 1540 Twin Oaks Circle
CITY - ST - ZIP Oviedo FL 32765

TITLE ☐ DELETE

NAME Treas/Sec
NAME Paula T. Meads
STREET ADDRESS 1540 Twin Oaks Circle
CITY - ST - ZIP Oviedo FL 32765

TITLE ☒ DELETE

NAME Douglas Lattman
STREET ADDRESS 2348 Tandoni Ct.
CITY - ST - ZIP Orlando FL 32837

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

407-365-2387

Daytime Phone #

CR2E034 (12/95)