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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047579 (4)

THE INFORMATION SUPERHIGHWAY CORPORATION

Principal Place of Business Mailing Address 1540 TWIN OAKS CIRCLE 1540 TWIN OAKS CIRCLE OVIEDO FL 32765 OVIEDO FL 32765 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3320807 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 25 30 Yes □ No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 UNCAPHER, KENNETH R TUKDARIAN AND UCAPHER, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 537 N MAGNOLIA AVE 83 ORLANDO FL 32801 84 City 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 objections of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agert's gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 1011.6 Change Addition MEADS. MARTIN M NAME 1.2 NAME 1540 TWIN OAKS CIRCLE STREET ADDRESS 1.3 STREET ADORESS **OVIEDO FL 32765** CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE TITLE Change Addition 2.1 I/I/E MEADS, PAULA T NAME 2.2 NAME 1540 TWIN OAKS CIRCLE STREET ADDRESS 2 3 STREET ADDRESS **OVIEDO FL 32765** CITY-ST-ZIF 2 4 CITY - \$1 - 7IP DELETE TITLE Change Addition 31 TITLE 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DETETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE Change 51 THLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE ☐ Change Addition 6.1 TOLE

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver or trustee annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed if the annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed if the annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed if the annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed if the annual report is free exercised.

6.2 NAME

6.3 STREET ADDRESS

CR2F034 (10/97)

FILED

Apr 28 1998 8:00am

Secretary of State