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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054121 (5)

1. Corporation Name
WEBSPINNERS, INC.



Principal Place of Business
8233 SCENIC TURN
BOCA RATON FL 33433

Mailing Address
8233 SCENIC TURN
BOCA RATON FL 33433-6804

3. Date Incorporated or Qualified 07/10/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0596424
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

2. Principal Place of Business

21 1500 SE 3rd Court
Suite, Apt. #, etc.

22 Suite 102
City & State

23 Deerfield Beach FL
Zip Country

24 33441 25 USA

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 Same
City & State

28 Same
Zip Country

29 Same 30 Same

9. Name and Address of Current Registered Agent

BENSON, EDWARD H III
8233 SCENIC TURN
BOCA RATON FL 33433

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

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 D ☐ DELETE
NAME BENSON, EDWARD H III
STREET ADDRESS 8233 SCENIC TURN
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE
NAME NARDI, DOMENIC
STREET ADDRESS 5801 N.E. 1ST AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE D ☒ DELETE
NAME BEADLE, BRUCE
STREET ADDRESS 9910 N.W. 2ND COURT
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE
NAME Morro, Christopher
STREET ADDRESS 1342 W. 78th ST
CITY-ST-ZIP Hialeah, FL 33014

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 D ☐ Change ☒ Addition
1.2 NAME morro, Christopher
1.3 STREET ADDRESS 1342 W. 78th ST
1.4 CITY-ST-ZIP Hialeah, FL 33014

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)