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 # P95000055245

AT WEB 2000, INC.

Principal Place of Business Mailing Address

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90123 040 ***150.00



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SUITE 201 SUITE 201			77 KANE CONCOURSE JITE 201 LY HARBOR ISLANDS FL 33154			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/17/1995				
2.	Principal Place of Business	2a.	Mailing Address				FEI Number		Applied For	
21		26				٠	<u>65-0597875</u>		Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional e Required	
	City & State City & State					-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
_	Zip Country 25	29	Zip Cou	ntry			This corporation owes the current year Int Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent				_	10. Name and Address of New Registered Agent					
TAPLIN. MARTIN W				81	Name					
1177 KANE CONCOURSE, SUITE 201			82	Street Address (P.O. Box Number is Not Acceptable)						
			83							
				84	City		FL	<u>. l </u>	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.

CIONATURE						ļ			
SIGNATURE	Signature, typed or printed name of registered agent and title if applica	able. (NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE				
12.	OFFICERS AND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PT	☐ DELETE	1.1 TITLE		Change	☐ Addition			
NAME	TAPLIN, MARTIN W		1.2 NAME						
STREET ADDRESS	1177 KANE CONCOURSE, SUITE 201		1.3 STREET ADDRESS						
CITY-ST-ZIP	BAY HARBOR FL		1.4 CITY- ST-ZIP						
TITLE	S	☐ DELETE	2.1 TITLE		Change	☐ Addition			
NAME	SILVA, OSMILDA		2.2 NAME	1					
STREET ADDRESS	1177 KANE CONCOURSE, SUITE 201		2.3 STREET ADDRESS						
CITY-ST-ZIP	BAY HARBOR FL		2. 4 CITY-ST-ZIP	1 1		·			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME			5.2 NAME			ĺ			
STREET ADDRESS			53 STREET ADDRESS			ļ			
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME			62 NAME			ĺ			
STREET ADDRESS		Λ	6.3 STREET ADDRESS			ļ			
CITY-ST-ZIP			6.4 CfTY-ST-ZIP						

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in s, with all other like empowered. 14. I hereby certify that the information supplied with this filling does not qualify for indicated on this annual report or supplemental annual report is true and according or director of the corporation or the receiver or fusive empayered to go.