FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

P95000057575 (9)

DOCUMENT #
1. Corporation Name

INTERNET EDUCATIONAL S	ERVICES, INC.
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Principal Place of Business Mailing Address								
							12000	
100 PIERCE ST UNIT 307 CLEARWATER FL 34616 100 PIERCE ST UNIT 307 CLEARWATER FL 34616								
					3. Date Incorporated or Qualified 07/24/1995	3a. Date o	if Last R	eport
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59 - 33 2 6323	3		Applied For
[]	-1-	Suite, Apt. #, etc.			39= 330 07-			Not Applicable Additional
Suite, Apt. #	, etc.	27 Stille, Apr. #, etc.			5. Certificate of Status Desired		•	Required
City & State		City & State			6. Election Campaign Financing		\$5.0	May Be
	28			Trust Fund Contribution			d to Fees	
Zip ∃	Country	Zip	Countr	У	 This corporation has liability for Florida Statutes 	intangible tax No	under s	199.032,
	9. Name and Address of Curr	29 ent Registered Agent	30		10. Name and Address of New F		aent	
	g, traine and realises of carr	on nogototou regon	8	1 Name	Ja. (10)			
SALO, A	LFRED J		8:	Street Ado	tress (P.O. Box Number is Not Acceptate	nle)		
	RCE ST UNIT 307			Street Add	JIESS (1.0. Box Hambor to Not Noophik			
CLEARW	/ATER FL 34616		8:	3				
			8-	4 City			85 Z	p Code
			<u></u>	<u></u>		<u>FL</u>		
or registere	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was authorize	s, the above d by the cor	-named corporation's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	ointment as r	ging its i agistered	d agent. I am
SIGNATURE _		AIOT	F. D	tot singet an annu	red when reinstating)	DATE		
2 .	Signature, typed or printed name of registered ag OFFICERS A	IND DIRECTORS	13.	ent signature requi	ADDITIONS/CHANGES 10 OFF		DIRECTO	 DRS IN 12
TLE	D	DELETE	1. 1 TOTAL				Change	☐ Addition
AME	SALO, ALFRED J		1.2 NAM					
TREET ADDRESS	100 PIERCE ST UNIT 307		1.3 STRE	ET ADDRESS				
ITY - ST - Z:P	CLEARWATER FL 34616		1.4 CITY	-ST-ZIP				
TLF		☐ DELETE	2 1 THTL				Change	☐ Addition
AME			2.2 NAME					
TREET ADDRESS				ET ADDRESS				
ITY - SY - ZIP		□ DELETE	2.4 DITY 3 1 TITU			Г	Change	Addition
AME		<u></u>	3 2 NAM			_	-	
TREET ADDRESS			33 STRE	ET ADDRESS				
ITY-ST-ZIP			3.4 City	- S1 - ZIP				
IILE		DELETE	4 1 TITL	E			Change	Addition
AME			4 2 NAMI	E				
TREET ADDRESS			4.3 STRE	FT ADDRESS				
OTY-ST-ZIP		☐ DELETE	4.4 CITY 5. 1 TITE				Change	Addition
IILE			5. 1 ITE.				Onlango	L. Toomon
IAME STREEF ADDRESS				ET ADDRESS				
ITY-SI-ZIP			5.4 CITY					
ITLE		DELETE	6 1 TITL				Change	☐ Addition
IAME			6 2 NAM	E				
STREET ADDRESS			6.3 STRE	et address				
DITY-ST-7IP			6.4 CITY			07/0:01	4- 0: -	400 14:40
certify that	the information indicated on this ar	nnual report or supplemental annu	ial report is t	true and accu	for the exemption stated in Section 119 rate and that my signature shall have the	e same legal e	ffect as	it made under
oath: that I	I am an officer or director of the cor Block 12 or Block 13 if changed, o	poration or the receiver or trustee	empowered	d to execute t	his report as required by Chapter 607, F	torida Statute	s; and th	iat my name
appears in		110 110	1 -	- (1	4	C . 1		
SIGNAT	URE: UMpro	Upra HIFV	دما ک	Jalo	4-1F-96	815-	Y6 /-	100
	SIGNATURE AND TYPED	OF PRINTED NAME OF SIGNING OFFICER	H OR DIRECTO	н	Date	Day	HINE PROPE	J -

1 10011001 110 10101 B1121 B0111 0 B111 80111 B3101 05111 18031 B1111 10501 B1111 10501

CR2E034 (12/95)