## SETIOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

545 BIRD SONG CT. LONGWOOD FL 32779

545 BIRD SONG CT. LONGWOOD FL 32779

DOCUMENT # 1. Corporation Name	P95000068340 (5)			
WEB SOLVERS, INC.				
Principal Prace of Business	Mailing Address			



3 Date Incorporated or Qualified 3. Date of Last Report

			08/29/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		593340646	Not Applicable	
Suite, Apt #, etc 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees	
Zip Country 25	Zip C 29 30	ountry	8. This corporation has hability for intangibl Florida Statutes Yes	e tax under s. 199.032, <b>X</b> No	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
CERTO, SAMUEL C		81 Name			
545 BIRD SONG CT. LONGWOOD FL 32779		82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84 City	F!	85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607,0503         office or registered agent, or both, in the State- agent, I am familiar with, and accept the obligation.</li> </ol>	of Florida. Such change was authorize	ad by the corporation			
SIGNATURE					

Signature types or pollection ending steed agent and this dispolle able (MOTE Registered Agent signature original when recisioning) DATE						
12.	12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 1 Trill	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
NAME	CERTO, SAMUEL C		1.2 NAME	l.		
STREET ADDRESS	545 BIRD SONG CT.		13 STREET ADDRESS	Change I Addition C		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CrTY - ST - ZIP			
TITLE		DELETE	2 1 TITLE	Change Addition C		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST-ZIP			
TITLE		DELETE	3 1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			33 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 - ZIF			
TITLE		DELETE	51 HILE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELFTE	61 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CaTV - ST - 7/P			6.4 CiTy - S1 - 7/P			

64 City-St-ZiP

14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SAMUEL C. Certo Smullerto-

6/14/96 407-869-8665