

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000068551 (7)

1. Corporation Name
INTERNET ADVERTISING CORPORATION



Principal Place of Business: 25400 U.S. 19 NORTH, SUITE 210 CLEARWATER FL 34623
Mailing Address: 25400 U.S. 19 NORTH, SUITE 210 CLEARWATER FL 34623

3. Date Incorporated or Qualified: 09/01/1995
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3333933	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MIZIO, ARMANDO F 25400 U.S. 19 NORTH, SUITE 210 CLEARWATER FL 34623	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCNIECE, JUDITH K	2. NAME	
STREET ADDRESS	14924 EDGEWATER CIRCLE	3. STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	4. CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MIZIO, ARMANDO F	2.2 NAME	
STREET ADDRESS	102 MICHIGAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NASH, MARK J	3.2 NAME	
STREET ADDRESS	225 COUNTRY CLUB DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

500001866583
-06/19/96--01032--002
***200.00

Sandra B. Mortnam
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Judith K. McNiece* President 05/01/96 (813) 736-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Eight Digits)

CR2E034 (12/95)