FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068551 (7)

INTERNET ADVERTISING CORPORATION

Principal Place of Business

Mailing Address

FILED May 15 1997 8:00am Secretary of State



25400 U.S. 19 NORTH, SUITE 210 CLEARWATER FL 34823			29400 D.S. 19 NOMIH. SUITE 210 CLEARWATER FL 34623-2144						
						3. Date Incorporated or Qualified 09/01/1995	3a. Date o		port
2. Principal Pl	ace of Business	2a, Mailing Add	2a, Mailing Address			4. FEI Number	<u></u>	App	lied For
21		26	26			59-3333933		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27				a. Certificate of States treated	Laud	Fee Req	uired
City & State		City & State	¬ ′			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	ļ ₁	Country	/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	L		Florida Statutes Yes X No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	rent Hegistered Agent		81	Name	10. Name and Address of New He	gistered Age	<u> </u>	
	o, armando f			61	ivame				
	0 U.S. 19 NORTH, SUITE 210)			82 Street Address (P.O. Box Number is Not Acceptable)				
CLE	ARWATER FL 34623			-					
i				83					
				84	City		8	5 Zip Co	ode
					l		FL °		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sti m familiar with, and accept the ob	ate of Florida. Such chai	nge was autho	orized bi	v the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of cha of the appoint	nging its nent as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered	agent and tillo if applicable.	(NOTE: Rec	gistered Ag	ant signeture req	uired when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	T I	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS	IN 12
TITLE	D		ELETE	1.1 TITLE			K)	Change	IN 12 S ☐ Addition S
NAME	MONIECE, JUDITH K		1	1.2 NAME					
STREET ADDRESS			1.3 9		ADDRESS	1480 Gulf Blvd Ur	it 609		{
CITY-ST-ZIP	HUDSON FL 34687 1:			1.4 CITY-5	ST - 71P	Sand Key Beach, Flor		30	
TITLE			ELETE	2.1 TITLE				Change	Addition C
NAME				2 8 NAME					
STREET ADDRESS				2.8 STREE	ADDRESS				
CITY-ST-ZIP				2.4 CITY-	ST - ZIP				
TITLE			ELETE	3.1 TITLE				Change	Addition
NAME	*			3.2 NAME					
STREET ADORESS				3.8 STREE	1 ADDRESS				
CITY-ST-ZIP				3.4. City-	S1-ZIP				
TITLE			ELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					1
STREET ADDRESS				4.8 STREE	T ADDRESS				
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				
TITLE			ELETE	5.1 TITLE				Change	Addition
NAME			l l	5.₽ NAME					
STREET ADDRESS				5.\$ STREE	T ADDRESS				
CITY-ST-ZIP		·		5.4 CITY	ST-ZIP				
TITLE			ELETÉ	6.4 TITLE				Change	☐ Addition
NAME				6.P NAME					
STREET ADDRESS				6.8 STREE	T ADDRESS				
CITY-ST-ZIP				6.4 CITY-1	ST-7IP				
	or cartify that the information rupe	slied with this filing does	not quality fo			ad in Section 119 07/3Vi). Florida Statute	c I further co	etifu that t	ho

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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.