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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500069474 (1)

SOUTHWEST FLORIDA INTERNET SERVICES, INC.

Principal Place of Business Mailing Address

3361 TAMIAMI TRAIL NORTH 3381 TAMIAMI TRAIL NORTH NAPLES FL 33940 NAPLES FL 34103-4165

FILED May 12 1997 8:00am Secretary of State



NAPLES FL 33940		NAPLES FL 34103-4165						
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1995 05/01/1996			eport	
2. Principa Place	of Business	2a. Mailing Address			4. FEI Number	······································	Ap	plied For
21		26			65-0609563		No	t Applicable
Suite, Apt. #, et	to.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zipi	Country	Zip	Cou	ntry	8. This corporation has liability for	ntangible	tax under s	199.032,
24	25	29	30			Yes [
	. Name and Address of Curre	int Registered Agent			10, Name and Address of New Re	gistered A	igent	
C/O HÁI 800 LAU	TIMOTHY R ESQ RTER, SECREST & EMERY JREL OAK DR, SUITE 400 FL 33963			81 Name 5: 82 Street Add	TEVE DALTON, ESA Iress (P.O. Box Number is Not Acceptable 833 HENDRY STREE	ole)		
					PT MYCLS poration submits this statement for the pation's board of directors. I hereby accept	FL	85 Zip (Code 390/
12. Title D		geri and like of applicable (NO ND DIRECTORS	TE: Registere 13. 1.1 TI 12 N	d Agent signature requ	IN pired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND	DIRECTOR Change	RS IN 12
STREET ADDRESS 11	147 EDDINGTON PL ARCO ISLAND FL 33 <mark>969-0</mark> 2			REET ADDRESS Ty-St-Zip				
STREET ADDRESS 46	ILLER, TERESA B 866 CRAYTON RD APLES FL 33940	⊠ DELETE		AME REET ADDRESS			Change	Addition
TITLE D		DELETE	2. 4 C	ITY-ST-ZIP TLE			Change	Addition
NAME M	IILLER, BECKWITH B 506 Crayton RD - <i>356</i>	FAMILIE HORE DA	3.2 N	AME TREET ADDRESS	1			
NI:	APLES FL 33940	#143		HTY-ST-ZIP				
TUTLE PM	A PEO I E GOOTO	DELETE	4.1 T				Change	Addition
		Line Determ	4.21					
NAME				1				
STREET ACCRESS				TREET ADDRESS	ļi :-			
CUTY-ST-ZIP		DELETE	4.4 C	TY-ST-ZIP			☐ Change	Addition
Tift				ŀ	•		C Cyrange	1100/100
NAME	•		52 N					
STREET ADORESS	•		535	TREET ADDRESS				
CITY - ST - 7/F			540	ITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	- F-1 11 12 20 1
T:TLF		☐ DELETE	6.1 T	TLE			Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	TREET ADDRESS				
			1					

14. I do hereby cently that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #Annual Other accuracy with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 94/- 434-554 5