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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000073574 (2)

WEBXPRESS, INC. Mailing Address Principal Place of Business 853 DONALD ROSS ROAD 853 DONALD ROSS ROAD JUNO BEACH FL 33408 JUNO BEACH FL 33408 3a. Date of Last Report 3. Date Incorporated or Qualified 09/21/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0618636 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s 199.032, Country Zip Ζφ Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BONADUCE, EMIL 82 Street Address (P.O. Box Number is Not Acceptable) 853 DONALD ROSS ROAD 83 JUNO BEACH FL 33408 City 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 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 ☐ Change 🔀 Addition DELETE 1.1 TITLE Chairman Chairman THUE Schacknow Paul Schacknow 15 sheldrake Lane 1.2 NAME NAME ke Lore. STREET ADDRESS 1.3 STREET ADDRESS Palm Beach Gardens, FL 33418 Beach gardens Fl 334/8 1.4 CITY-ST-ZIP CITY-ST-ZIP 2 1 TITLE TITLE CEO Emil Binaduce. 13 Sheldrake tane. Palm Beach Gardens, FL 33418 Exadute 2 2 NAME NAME lakeke lave 2.3 STREET ADDRESS STREET ADDRESS 33418 24 CITY - ST - ZIP CITY-ST-ZIP Addition 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CHTY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP [7] Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DEL ETE TITLE 6.1 TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-S1-ZIP 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.

- EMIL Braduce of SIGNING OFFICER ON DIRECTOR 4/12/46 407-124-2917

(12/95)CR2E034