

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076022 (9)

1. Corporation Name

EXPRESSWEB, INC.



Principal Place of Business

19501 NORTHEAST 10 AVENUE, SUITE 203
NORTH MIAMI BEACH FL 33179

Mailing Address

19501 NORTHEAST 10 AVENUE, SUITE 203
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0612209

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

29

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOPNICK, MICHAEL J	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE, SUITE 203	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRARUP, JENS	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE, SUITE 203	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARANI, SHERRY L	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE, SUITE 203	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JEROLD HART
43 STREET ADDRESS	19501 NE 10 Avenue, Suite 203
44 CITY- ST- ZIP	North Miami Beach FL 33179
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Sherry Hart
53 STREET ADDRESS	19501 NE 10 Avenue, Suite 203
54 CITY- ST- ZIP	North Miami Beach, FL 33179
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL STOPNICK

FILE

Daytime Phone

4-29-96

305 654 9070

CR2E034 (12/95)