

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

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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      Mailing Address  
**19501 NORTHEAST 10 AVENUE, SUITE 203**      **19501 NORTHEAST 10 AVENUE, SUITE 203**  
**NORTH MIAMI BEACH FL 33179**      **NORTH MIAMI BEACH FL 33179-3578**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/03/1995**      **05/01/1996**

4. FEI Number      Applied For  
**65-0612209**      Not Applicable

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

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      85 Zip Code

**FL**

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 \_\_\_\_\_  
Sign in black ink, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE      PD       DELETE

NAME      **STOPNICK, MICHAEL J**

STREET ADDRESS      **19501 NORTHEAST 10 AVENUE, SUITE 203**

CITY-ST-ZIP      **NORTH MIAMI BEACH FL 33179**

TITLE      VP       DELETE

NAME      **KRARUP, JENS**

STREET ADDRESS      **19501 NORTHEAST 10 AVENUE, SUITE 203**

CITY-ST-ZIP      **NORTH MIAMI BEACH FL**

TITLE      TD       DELETE

NAME      **CARANI, SHERRY L**

STREET ADDRESS      **19501 NORTHEAST 10 AVENUE, SUITE 203**

CITY-ST-ZIP      **NORTH MIAMI BEACH FL 33179**

TITLE      VP       DELETE

NAME      **JEROLD HART**

STREET ADDRESS      **19501 NE 10 AVENUE SUITE 203**

CITY-ST-ZIP      **NORTH MIAMI BEACH FL**

TITLE      S       DELETE

NAME      **SHERRY HART**

STREET ADDRESS      **19501 NE 10 AVENUE, SUITE 203**

CITY-ST-ZIP      **NORTH MIAMI BEACH FL**

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify 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, unchanged, or on an attachment with an address.

SIGNATURE: *Michael Stopnick*      **MICHAEL STOPNICK**      **4-22-97**      **315 691.9070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)