

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90017 044 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000076022 ✓

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
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>10/03/1995</b>	
4. FEI Number <b>65-0612209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent <b>THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KRARUP, JENS</b>		1.2 NAME	
STREET ADDRESS <b>19501 NORTHEAST 10 AVENUE, SUITE 203</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARANI, SHERRY L</b>		2.2 NAME	
STREET ADDRESS <b>19501 NORTHEAST 10 AVENUE, SUITE 203</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JEROLD HART</b>		3.2 NAME	
STREET ADDRESS <b>19501 NE 10 AVENUE SUITE 203</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHERRY HART</b>		4.2 NAME	
STREET ADDRESS <b>19501 NE 10 AVENUE, SUITE 203</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>BM</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POSNER, IRA</b>		5.2 NAME	
STREET ADDRESS <b>19501 NE 10TH AVENUE, STE 203</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/20/99** DAYTIME PHONE #: **305-654-9070**

CR2E034 (5/99)