FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT ELOBIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000078023 (5) DOCUMENT # Corporation Name INTERNET ENTERPRISES CORP. Principal Place of Business Mailino Address - DELRAY BEACH FL 39489 DELRAY BEACH FL 33483 3. Date incorporateri or Qualified 10/09/1995 3a. Date of Last Report 4. FEI Number 65-063 2. Principal Place of Business Applied For 2123 21 Not Applicable Suite. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangiple tax under s 199.032, Yes XNo Florida Statutes 25 Name and Address of Current Regis 10. Name and Address of New Registered Agent 81 Name MOSER, HELEN B Box Number is NSI 82 Stree ÏØ.C -1126 SEASPRAY AVNEUE DELRAY BEACH FL 33483 83 84 ŒАСН 11. Pursuant to the pro isions of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its or registered age familiar with, and orida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment otion 607.0505, Florida Statutes. or both, in HELENB RES MOSER SIGNATU (NOTE: Registered Agent signature raymed when renet and (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 🗌 Change 🛛 🐱 Addition TILLE 1.1 DILF P/D 1.2 NAME NAME HELEN B. MOSER CR2E034 2723 OCEAN DRIVE STREET ADORESS 1.3 STREET ADDRESS 1E 31963 □ Change VERD BEACH, FL 1.4 CITY-ST-Z-P CITY - ST - 7(P Addition DELETE TITLE 2 1 TITLE NAME 2.2 NAME S*REFT ADDRESS 2.3 STREET ADDRESS C(1Y-S1-7(P 24 CITY-ST-ZP DEL ETE Change Addition THE 3.1100E NAME 3 2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4 CITY - S* - ZIP CHY-ST ZIP 🔲 Change ["] DELETE Addition THEF 4 1 TITLE NAME 4.2 NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZP CITY - ST - ZIP DECETE Charige Addition TITLE 5 1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACORESS CITY-ST-ZIP 54 CITY - \$1-7P DELETE. Change Addition 6 1 THLE THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 6.4 CHTY - 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 tation supplies with this limit is volumently furthered and does not charge for the exemption stated in Section 1.19.07(3)(k), florida Statutes, 10000 ted 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 tor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indic sted on this annual report or oath: that I am an officer or dir appears in Block 12 or Bloc HELEN B. MOSER, PRES. 4/8/96 SIGNATURE