

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 # **P95000081012 (3)**

1. Corporation Name

**SOUTHERN INTERNET SYSTEM, INC.**



Principal Place of Business

**6105 CALIBER COURT  
NEW PORT RICHEY FL 34655**

Mailing Address

**6105 CALIBER COURT  
NEW PORT RICHEY FL 34655**

3. Date Incorporated or Qualified  
**10/23/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **3931 RCA Blvd.**

2a. Mailing Address

26 **3931 RCA Blvd**

Suite, Apt. #, etc.

22 **Suite 3122**

Suite, Apt. #, etc.

27 **Suite 3122**

City & State

23 **Palm Beach Gardens, FL**

City & State

28 **Palm Beach Gardens, FL**

Zip

24 **33410**

Country

25 **USA**

Zip

29 **33410**

Country

30 **USA**

4. FEI Number

**59-3347372**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**KRAMER, SCOTT ESQ.  
14155 U.S. HIGHWAY ONE  
SUITE 205  
JUNO BEACH FL 33408**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

**D ROWSWELL, STEVEN C  
6105 CALIBER COURT  
NEW POT RICHEY FL 34655**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D**

**Rowswell, Steven C  
3931 RCA Blvd, Suite 3122  
Palm Beach Gardens, FL 33410**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**D**

**Scott Johnson  
3931 RCA Blvd, Suite 3122  
Palm Beach Gardens, FL 33410**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D**

**Kevin Calderbank  
3931 RCA Blvd, Suite 3122  
Palm Beach Gardens, FL 33410**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D**

**Jeff Taliaferro  
3931 RCA Blvd, Suite 3122  
Palm Beach Gardens, FL 33410**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D**

**Thomas Mohr  
3931 RCA Blvd, Suite 3122  
Palm Beach Gardens, FL 33410**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 addendum.

SIGNATURE: **Steven C. Rowswell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**407-27-7227**

Daytime Phone #

CR2E034 (12/95)