PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092682

1. Corporation Name

INTERNET REALTY, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90190 039 ***150.00



| | | | | | | | | AL LUILE FIEL IGUL |
|---|---|---|-----------------|--|--|---------------------------------------|-----------------|--------------------|
| Principal P ace of Business | | Mailing Address | | | | (), 65, 65, 65, | | |
| 999 BRICKELL BAY DR TOWER 1. LOBBY STE 101 | | 999 BRICKELL BAY DR TOWER 1, LOBBY STE 101 MIAMI FL 33131 | | DO NOT WRITE IN THIS SPACE | | | | |
| MIAMI FL 38131 | | MIAMI FL 33131 | | 3. Date Incorporated or Qualifed 12/06/1995 | | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | | A | pried For | |
| 27 905 Brickell Bay Dr. | | 26 905 Brickell Bay Dr. | | 65-0681000 | | | lot Applicable | |
| Suite, Apt., | #, etc. Suite #227 | Suite, Apt. #, etc. 27 Lobby Suite #227 | | 5. Certifcate of Status Desired Fee Required | | Recluired | | |
| City & State | 9 | City & State | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | Trust Fund Contribution Added to Fees | | | | |
| Zip | Cour try | Zip | Con | intry | 8. This corporation owe: | · · · · · · · · · · · · · · · · · · · | ntangible | □No |
| 24 | 25 | | 30 | | Persor al Property Ta | | | |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | 10. Name and Address | of New Registers | u Agent | |
| BURDAK, DANIEL S | | | | Name | | | | |
| | | | | 82 Street Ac dress (P.O. Box Number is Not Acceptable) | | | | |
| | BRICKELL BAY DR | | | | | | | |
| | ER 1, LOBBY STE 101 | | | 83 | | | | |
| MIAN | AI FL 33131 | | | 84 City | | | . 85 Zip | Code |
| | to the provisions of Sections 607.0502 | | | | | <u>-</u> | | |
| SIGNATURE | Signature, typed or printed na ne of registered agent | and title if applicable. (NOT | T :: Registered | Agent signature requ | | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGE | S TO OFFICERS | | |
| TITLE | D | ☐ DELETE | 1.1 TI | TLE | | | Change | e |
| NAME | GERRITS, ANDREW T | | 1.2 N | AME | | | | |
| STREET ADDRESS | 6350 N ANDREWS AVE #100 | | 1.3 \$ | TREET ADDRESS | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | | | TY-ST-ZIP | | | PChange | Additio |
| TITLE | S | ☐ DELETE | 2.1 ∏ | 1 | | | _ • | |
| NAME | COLUCIELLO, JOSE | | 2.2 N | AME | and Well Re | ulle Tow | I I Vo | 16 by # 22 |
| STREET ADDRE 3S | 999 BRICKELL BAY DR., TOWER 1 LOBBY ST 101 | | | TREET ADDRESS | 105 Brickell Bay Dr., Tower II Lobby #2. | | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | TTY-ST-ZIP | | | Change | Additio |
| TITLE | P - | ☐ DELETE | 3.1 TI | TLE | | _ | (promange | |
| NAME | Burdak, Daniel S | | 3.2 N | AME | os Briden Beydr. | Tiber II 1 | <u>Lobby Sn</u> | 、比#227 |
| STREET ADDRE 3S | 999 BRICKELL BAY DR., TOWE | R 1 LOBBY ST 101 | 3.3 S | TREET ADDRESS | 02 Q. (0-0)(D. () | ' | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | HTY-ST-ZIP | | | - Change | Additio |
| TITLE | | ☐ DELETE | 4.1 TI | | | | Change | e |
| NAME | | | 4 2 N | IAME | | | | |
| STREET ADDRE IS | | | 435 | TREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 C | ITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 T | | | | ☐ Change | e |
| NAME | | | 5.2 N | ! | | | | |
| STREET ADDRE IS | | | | TREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | ITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 T | | | | ☐ Change | e |
| NAME | | | 6.2 N | | | | | |
| STREET ADDRE IS | | | 6.3 S | TREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 C | ITY-ST-ZIP | | | | |

14. I hereb / certify that the informat on 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 chapted or on an attachment with an address, with a lother like empowered.

SIGNATURE:

PED OR I RINTED NAME OF SIGNING OFFICES OR DIRECTOR

CR2E034 (11/98)