

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095085**

1. Corporation Name

SOUTHERN INTERNET SERVICES OF BROWARD COUNTY

Principal Place of Business

**3931 RCA Blvd
Suite 3122
Palm Bch Gardens, FL
33410**

Mailing Address

**3931 RCA Blvd
Suite 3122
Palm Bch Gardens, FL
33410**

2. Principal Place of Business

21 See above

Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
25

2a. Mailing Address

26 See above

Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
30

9. Name and Address of Current Registered Agent

**Scott Kramer
14155 US 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 607.0202 and 607.1506, 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 (last, first, and middle)

(If the registered agent is a corporation, type the name of the corporation and the name of the officer or director who is the registered agent.)

DATE:

12. OFFICERS AND DIRECTORS

D ☐ DELETE
NAME **Steven C. Rowswell**
STREET ADDRESS **3931 RCA Blvd, Ste 3122**
CITY-ST-ZIP **Palm Bch Gardens, FL 33410**

☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*****200.00**

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 address.

SIGNATURE: **Steven C. Rowswell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven C. Rowswell 4/30/96 (407) 627-7227

CR2E034 (12/95)