FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000095085 (3)

SOUTHERN INTERNET SERVICES OF BROWARD COUNTY, IN C.

Principal Place of Business 3931 RCA BLVD. SUITE 3122 Mailing Address

3931 RCA BLVD, SUITE 3122 PALM BEACH GARDENS FL 3341D-4211

FILED May 01 1997 8:00am Secretary of State



PALM BEACH GARDENS FL 33410						PALM BEACH GARDENS FL 39410-4215										
												3. Date Incorporated or Qualifie 12/15/1995		Date of L 5/01/19		port
2. Principal Place of Business					2a	2a. Mailing Address						4. FEI Number			Applied For	
21	1]				26							65-0641776			Not Applicable	
22	Suite, Apt. #. etc.				27	Suite, Apt. #, etc.				5. Certificate of 5		5. Certificate of Status Desired		\$8.75 Addition		
23	City & State	ıty & State				City & State						Election Campaign Financing Trust Fund Contribution	, D	\$5.00 May Be Added to Fees		
24	Zip		Country Zip Country 8. This corporation has liability for							for intangib						
		9. Nam		idress of Curren			ent	1001	Т			10. Name and Address of New				
	KRA	MER, SC	OTT ES	Q.					81	Name						
14155 U.S. HIGHWAY ONE								82 Street A			s (P.O. Box Number is Not Accep	tablet				
SUITE 205									Direct	- Addition to the Addition of the Additional						
	JUN	O BEACH	1 FL 33	108					83							
									84	City		· · · · · · · · · · · · · · · · · · ·	F	85	Zip (ode
11	Pursuant t office or re agent. Las	o the prov egistered a m familiar (isions of agent, or with, and	Sections 607.0503 both, in the State accept the obliga	2 and of Flor Hions	607.1508, I rida. Such o of, Section	Florida Statu change was 607.0505, F	ites, the a authorize lorida Sta	bove d by tutes	e-named the corp s.	corpor poration	ation submits this statement for the state of directors. I hereby ac	ne purpose cept the ap	of chan opointme	ging itt ent as	registered registered
SI	GNATURE .															
12		Signarone typa	nd or printed	name of registrored ager OFFICERS AND			(NO	TE Registere	d Age	nt signature	required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	In DIDE	CTOR	S IN 12
11)				OFFICERS AND) Dine	CIONS	DELETE	1.17	TI F		T	ADDITIONS/CHANGES TO OF	FICENS AI			Addition
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1. I do 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 chapted or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #