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PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000005270

1. Corporation Name
FIBANET- ON LINE, INC.

Principal Place of Business	Mailing Address
2001 PALM BEACH LAKES SUITE 301 WEST PALM BCH, FL 33409	P. O. Box 631 Lake Worth FL 33460

3. Date Incorporated or Qualified: JAN 17 96	3a. Date of Last Report: JAN 17 96.
4. FEI Number: 65-0716678	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No	

21 2. Principal Place of Business: 2001 PALM BEACH LAKES	26 2a. Mailing Address: P.O. Box 631, Lake Worth 33460
22 Suite, Apt. #, etc.: SUITE 301	27 Suite, Apt. #, etc.
23 City & State: WEST PALM BCH	28 City & State: Lake Worth
24 Zip: 33409 25 Country: PALM BCH	29 Zip: 33460 30 Country: PALM BCH

9. Name and Address of Current Registered Agent

GODFREY O. ILONZO
2001 PALM BEACH LAKES
SUITE 301
WEST PALM BEACH, FL 33409

10. Name and Address of New Registered Agent

81 Name: GODFREY O. ILONZO
82 Street Address (P.O. Box Number is Not Acceptable): 2001 PALM BEACH LAKES Suite 301
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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: PRESIDENT — DATE: 10/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GODFREY O. ILONZO PRESIDENT 2001 PALM BCH LAKES #301 WEST PALM BCH, FL 33409 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BONA ILONZO (DIRECTOR) 2001 PALM BEACH LAKES #301 WEST PALM BCH, FL 33409 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002326575--9 -10/22/97--01043--004 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NICOLE ILONZO (DIRECTOR) 2001 PALM BCH LAKES # 301 WEST PALM BCH, FL 33409. ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GODFREY ILONZO, III DIRECTOR 2001 PALM BCH LAKES #301 WEST PALM BCH, FL 33409. ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VIVIAN T. ILONZO DIRECTOR 2001 PALM BCH LAKES #301 WEST PALM BCH, FL 33409. ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ 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

CR2E034 (9/96)

14. 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 changed, or on an attachment with an address.

SIGNATURE: GODFREY O. ILONZO (10/16/97) 561-697-6395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #