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 # P9600006094 (2)

INTERNET CONSULTANTS, INC.

114121114	ET CONCOLIANTO, INC.			
Principal Place of Business		Mailing Address		
141 S.W. 11TH COURT BOCA RATON FL 33486		141 S.W. 11TH COU BOCA RATON FL 33		
	S			3. Date Incorporated or Qualified 3a. Date of Last Report N/A
2. Principal Place of Business 21		2a. Mailing Address	3	4. FEI Number 65 - 0636321 Applied For Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, et	C.	5 Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes My Yes No 10. Name and Address of New Registered Agent
MYE	ers, robert l		61 Name	
141 S.W. 11TH COURT BOCA RATON FL 33486			82 Street Ad	ddress (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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
SIGNATURE	and development coming	onesia or, accordin con loca	50, Florida Otatolos.	
12.	Signature, typed or printed name of registered agr OFCIDEOS, AN	ent and tick diapplicable D DIRECTORS	(NOTE: Registered Agent signature red	quired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	PRESIDENT	DELET		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	RUBERT L. MYERS	,	1.2 NAME	
STREET ADORESS	14) SW 11 TH COVE	24	1.3 STREET ADDRESS	
City St - ZiP	BOLA RATEN, FL	33486	1.4 CITY - ST - ZIP	
TITLE	SECRETARY PAULUS F. CHEW	DELET	E 2.1 TITLE	☐ Change ☐ Addition
NAME:	PAULUS F. CHEW		2.2 NAME	
STREET ADDRESS	9105 GETTYSBURG KL) > = /2 {	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOLD RATION, FL.		2. 4 CITY - ST - ZIP	
TOLE		☐ DELET		Change Addition
NAME STREET ADDRESS			3.2 NAME	
City-St ZIP			3.3 STREET ADDRESS	
TITLE		DELET	3.4. CITY - \$T - ZIP E 4.1 TITLE	Change Addition
NAMÉ			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+S1+ZIP			4.4 CITY-ST-ZIP	
THILE		☐ DELET		Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		DELET	E 61 TITLE	Change Addition

14. I do hereby certify that the information supplied with this lifting 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 (56)394-200

FILED

Mar 12 1997 8:00am

Secretary of State