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Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P96000007046 (1)**

1. Corporation Name  
**DREAMWEB CONSULTANTS, INC.**



Principal Place of Business  
**133 - 80TH AVENUE, NORTH  
ST. PETERSBURG FL 33702**

Mailing Address  
**133 - 80TH AVENUE, NORTH  
ST. PETERSBURG FL 33702-4431**

3. Date Incorporated or Qualified <b>01/16/1996</b>		3a. Date of Last Report	
4. FEI Number <b>59-3354885</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKEON, CAROLYN  
133 - 80TH AVENUE, NORTH  
ST. PETERSBURG FL 33702**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEON, CAROLYN</b>	1.2 NAME	
STREET ADDRESS	<b>133 - 80TH AVENUE, NORTH</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33702</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTMANN, SHAWN V</b>	2.2 NAME	
STREET ADDRESS	<b>113 - 1ST STREET EAST, UNIT 101</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TIERRA VERDE FL 33715</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAINOR, DEBI</b>	3.2 NAME	
STREET ADDRESS	<b>3506 EHRlich ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33618</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILASUS, ZACHARY</b>	4.2 NAME	
STREET ADDRESS	<b>4628 - 5TH AVENUE NORTH</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33713</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, CONSTANCE L</b>	5.2 NAME	
STREET ADDRESS	<b>1110 - 3RD STREET SOUTH</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33701</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

*Carolyn McKeon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/21/97 (813) 578-0044**  
Date Daytime Phone #

CR2E034 (9/96)