SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011440 (0)

INTERLAND INC.

Principal Place of Business 1851 LAKESHORE CIR LONGWOOD FL 32750 Mailing Address
P O BOX 952935
LAKE MORY FL 32795-2935

FILED Oct 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

00/06/4006

	Place of Business 20. Mailing Address Lake SHORE-GRAGE 1851 Lake	Shore Circle	4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc. Suite, Apt. #, etc.	STIPLE WALK	Table 1	\$8.75 Additional
22	27		5. Certificate of Status Desired L.	Fee Required
City & Stat	City & State Long (wood, EL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	= 25 29 $+$ 32/5/30	USA	Personal Property Tax due June 30.	Yes No
L	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
	M, THERESA T	81 Name	61 Kanie	
1851 LAKESHORE CIR LONGWOOD FL 32750		82 Street Address (P.O. Box Number is Not Acceptable)		
		 B3		
		63		
		84 City		85 Zip Code
			FL.	• J. J.,
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. It 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 and title of applicable (NOTE: F OFFICERS AND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORE IN 42
12. TITLE	 	13 TOLE	ADDITIONS/CHANGES TO OFFICERS A	-
NAME	PHAM, DON N	12 NAME		Change [Add-ton
STREET ADDRESS	1851 LAKESHORE CIR	1.3 STREET ADDRESS		
1	LONGWOOD EL COTEG			
CITY-ST-ZIP	† <u>ra——</u> • • • • • • • • • • • • • • • • • • •	1.4 CITY-ST-ZIP 2.1 TITLE	· ·	Change Addition
NAME	Distant Proposition	2.2 NAME		L. J Change L. J Addition
STREET ADDRESS	AAPA LAVEOUADE OID	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONOWOOD EL ANDES	2.4 CITY-S1-7IP		
TITLE		3.1 TITLE		Change Addition
NAME	·	3.2 NAME	3000026591 -10/03/3801058	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS		U38
CITY-ST-ZIP	I	3.4 CITY-S1-ZIP	***150.00	1
TITLE		4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change D Addition
NAME		4.2 NAME		11/
STREET ADDRESS		4.3 STREET ADDRESS		K //// X
CITY-ST-ZIP	1	4.4 CITY-ST-ZIP		114 6
TITLE		5.1 TITLE	/t	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREE1 ADDRESS		
CiTy-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		Change Addition
NAME	=	6.2 NAME		. •
STREET ADDRESS	[63 STREE1 ADDRESS		
City-S1-ZiP		6.4 CITY-ST-ZIP		

14. I 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:

heusa 9. phan

Sep 26, 1998 (407) 332 9192

77E034 (2/28)