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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1239 OXBOW LANE WINTER SARINGS FL 32708

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012772 (5)

900NET.COM INCORPORATED SOCIAL Telecom, INC.

Mailing Address

1239 OXBOW LAME WINTER SPRINGS FL 32708-4311

3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered 81 Name STEENBERGH, ROBERT M 905 FLORIDA AVE, SUITE A 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 City 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 fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 DELETE Change 11 TITLE THUE MILLER, J. PATRICK NAME 1.2 NAME 1239 OXBOW LANE 1.3 STREET ADDRESS SHEET ADDRESS WINTER SPRINGS FL 32708 1.4 CITY - ST-ZIP COLY- ST. ZIP Addition DELETE Change 21 TITLE TOLL NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-S1-7/P DELETE ☐ Change ☐ Addition 3.1 TITLE 1:114 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-\$1-7/P DELETE Change Addition 4.1 TITLE Tille 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST - ZIP Addition DELETE 101.E 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - \$1 - 74P DELETE Change Addition 6.1 TITLE TITLE 100002194321 -05/29/97--01004--017 6.2 NAME NAM: **6.3 STREET ADDRESS** STREET ADDRESS ***173.75 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 angual 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name