


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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000013433 (3)**

1. Corporation Name
INTERNET REAL ESTATE SERVICES, INC.



Principal Place of Business 115 S SUNSET BLVD GULF BREEZE FL 32561	Mailing Address 115 S SUNSET BLVD GULF BREEZE FL 32561
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3 W. GARDEN ST. Suite, Apt. #, etc. 22 SUITE 335 City & State 23 PENSACOLA, FL Zip Country 24 32501 25 USA		2a. Mailing Address 26 P.O. Box 815 Suite, Apt. #, etc. 27 City & State 28 GULF BREEZE, FL Zip Country 29 32562 30 USA		3. Date Incorporated or Qualified 02/09/1996	
		4. FEI Number 59-3362106		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MYTCZYNSKYJ, JOSEPH 115 S SUNSET BLVD GULF BREEZE FL 32561				10. Name and Address of New Registered Agent 81 Name MYTCZYNSKYJ, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 3 W. GARDEN ST. 83 SUITE 335 84 City PENSACOLA FL 85 Zip Code 32501			
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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 *Joseph E. Mytczynskyj* **JOSEPH E. MYTCZYNSKYJ** **4/30/98**
Signature typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE DP				1.1 TITLE DP			
NAME MYTCZYNSKYJ, JOSEPH				1.2 NAME MYTCZYNSKYJ, JOSEPH			
STREET ADDRESS 115 S SUNSET BLVD				1.3 STREET ADDRESS 3 W. GARDEN ST.			
CITY-ST-ZIP GULF BREEZE FL 32561				1.4 CITY-ST-ZIP PENSACOLA, FL 32501			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-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: *Joseph E. Mytczynskyj* **JOSEPH E. MYTCZYNSKYJ** **4/30/98** **(850)444-3460**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0510897

CR2E034 (10/97)