


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

FILED
May 06 1997 8:00am
Secretary of State

| | | | |
|---|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra S. Morikyan Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000020755 1. Corporation Name INTERNET RESOURCES, INC | | | |
| Principal Place of Business 440 E SAMPLE Rd Suite 204 Pompano Beach, FL 33064 | | Mailing Address PO Box 630698 Miami, FL 33163 | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | 3a. Date of Last Report |
| 21 440 E SAMPLE Rd | 26 Suite, Apt. #, etc. P.O. Box 630698 | 650649501 | 1996 |
| 22 Suite, Apt. #, etc. 204 | 27 City & State Miami FL | 5. Certificate of Status Desired | Applied For |
| 23 City & State Pompano Beach | 28 City & State Miami FL | <input type="checkbox"/> \$8.75 Additional Fee Required | Not Applicable |
| 24 Zip FL | 25 Country 33064 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 29 Zip 33163 | 30 Country US | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Barbara Feldman 18557 Cherborg Dr. Boca Raton, FL 33496 | | 81 Name TED HENDEL | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 19958 NESTLE CT | |
| | | 84 City Miami | |
| | | 85 Zip Code FL 33179 | |
| 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 | | DATE | |
| TED HENDEL | | 4/30/97 | |
| 12. OFFICERS AND DIRECTORS | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 700002174007 -05/09/97--01135--013 ***165.00 | | | |
| 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: | | Date | |
| [Signature] | | 4/30/97 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |
| [Signature] | | 305-932-6166 | |

CR2E034 (9/96)