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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000020759 (2)

INTERNET INSTITUTE, INC.

Principal Plac	te of Business	Mallion Add							
		Mailing Addr				, , , , , , , , , , , , , , , , , , , ,			
440 E. SAMPI	LE ROAD	P.O. BOX 63							
204 MIAMI FL 33163 POMPANO BEACH FL 33106 US					DO NOT WRITE	IN THIS S	PACE		
US	ENOTITE GOLDS	03				3. Date Incorporated or Qualified			
						03/04/1996			
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number		T Ar	oplied For
21		26				-65-10-15-07:	(-N/		ot Applicable
Sulte, Apt.	#, etc.	Suite, Ap	I. #, elc.						Additional
22		27				Certificate of Status Desired		·	equired
City & Stat	to	City & Sta	ale			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zιμ		Countr	у	8. This corporation owes or has pa	id the curr	ent year Inl	angible
24	25	29	30	5		Personal Property Tax due June			] No
	g. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Re	gistered A	gent	
HE	N <b>oe</b> l, ted			81	Name				
ARREST STUDE					Street Add	Iress (P.O. Box Number is Not Acceptate	اهاد		
					82 Street Address (P.O. Box Number is Not Acceptable)				
4714	um ( 2 00 1 / 0			83					
				<u> </u>	ļ			<del></del>	
				84	City		FI	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 auxl 607.1508. F	lorida Statutes.	the abov	c-named cor	poration submits this statement for the r	ourpose of		s registered
office or	registered agoni, or both, in the Sta	te of florida. Such c	hange was auti	horized b	y the corpora	poration submits this statement for the partition's board of directors. I hereby acceptions	ot the appo	intment as	registered
	and applications of the control of t	Jan Section C		104 0	1.1	Q)	18/4	-	
SIGNATURE	Stongare, lyaved by ported marke of registering	gent and tere if applicable.	I COL	egistered Ac	ent signaturo requ	red when reinstaling)	OATE O	<u> </u>	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	FELDMAN, BARBARA		1	1.2 NAME					
STREET ADDRESS	18557 CHERBORG DR				T ADDRESS				
CITY+ST-ZIP	<b>BOCA RATON FL 33496</b>			1.4 CiTY-	1				
THILE	P			2.1 THILE	· •"			Change	Addition
NAME	DEMACTI, GEORGE	·		2.2 NAME			•		
STREET ADDRESS	8143 MIZNER LANE				T ADDRESS				
•	BOCA RATON FL								
CITY-ST-ZIP TITLE	DOUN INTOIT FE	··	DELETE	2. 4 CITY - 3.1 TITLE	51-ZIP			Change	Addition
	13/2		,					Unange	LLI AUGUUI
NAME	REN HENDEL 780 NE 199th ST MIAMI, FL 3	4 5002	ĺ	3.2 NAME					
STREET ADDRESS	180 NE 199th ST	# = 200			T ADDRESS				
CITY-ST-ZIP	MIAMI, FL 3	317 <i>4</i>	DELETE	34. CITY-	ST-ZIP			1 01	T description
TITLE	/	· L_	] DEFFIE	4.1 TITLE			l	Change	Addition
NAME				4. 2 NAME	-				
STREET ADDRESS	1			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				
TITLE	I :		DELETE	E & PIECE				Change	Addition

14. Thereby 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 supplied entail 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 of 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 go on an attrophient with par address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

61 TITLE 6.2 NAME

DELETE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

4/0/20

Change

☐ Addition

**FILED** 

May 20 1998 8:00am

Secretary of State