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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600020759

1. Corporation Name

INTERNET INSTITUTE, INC.

				_					
Principal Place of Business Mailing Address						i cantiante sem editen detter nucet an	<b></b>		rus (817 (881
440 E. SAMPLE ROAD P.O. BOX 630-698									
204 MIAMI FL 33163						DO NOT WRITE IN THIS SPACE			
POMPANO BEACH FL 33106 US US						3. Date Incorporated or Qualifed			
_00	_ , _		_			03/04/1996			}
2 Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		App	lied For
21 26						65-0750170		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.					\$8.75 A	dditional
27						5. Certifcate of Status Desired		Fee Rec	quired
City & State City & State			te			6. Election Campaign Financing		\$5.00	<b>Иау Ве</b>
23 28						Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the curr			$\rho$
24	25	29	30			Personal Property Tax.			ZINo
	9. Name and Address of Curren	t Registered Agen	t	04		10. Name and Address of New F	legistered A	gent	
MEN	nei ten			81	Name	ed Hendel			
HENDEL, TED 19958 NE 5TH CT.				82		ress (P.O. Box Number is Not Accepta	ible) //	1=20	2
	MI FL 33179			100		UNE 19944 ST	1		
INICAN	WI LE 201/ 9			. 83					
				84	City	A		85 Zip C	
L	•		<del> </del>		/V	Jami	FL		3 / 7 5
_11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent: or both, in the State	2 and 607.1508, Flo of Florida, Such cha	orida Statutes, ti ange was author	ne above rized by	e-named cort the corporati	poration submits this statement for the con's board of directors. I hereby accept	purpose of contract the appoint	nanging its i iment as reg	istered
agent. I a	m familiar with, and accept the obliga-	froms/of, Section 60	7,0505, Fjórida :	Statutes.		•	2/	116	0
SIGNATURE	1 /6/1/8	SUM		· · · · · · · · · · · · · · · · · · ·	1 -11	ad ush an eximatation)	DATE	<u> </u>	
42	Signature, typed or prioted name of registered agen	ID DIRECTORS		13.	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
12.	P			1.1 TITLE		ADDITIONAL PROPERTY OF	TOETIO TITLE	Change	Addition
NAME	DEMACTI, GEORGE	_		1.2 NAME	ļ		,		
	8143 MIZNER LANE			1.3 STREET	ADDRESS				
STREET ADORESS	BOCA RATON FL		,,	1.4 CITY-ST					}
CITY-ST-ZIP	SD		DELETE	2.1 TITLE				Change	Addition
NAME	KEN HENDEL			2.2 NAME	Ì				ľ
STREET ADDRESS				2.3 STREET	ADDRESS				
1 H 1 1 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				2. 4 CITY-S	- 1				
CITY-ST-ZIP	1)			3.1 TITLE	1 23			Change	☐ Addition
NAME .	Tex Heindel	• –		3.2 NAME					
STREET ADDRESS	750 AG GOLD CI	1 1=202		3.3 STREET	ADDRESS				İ
CITY-ST-ZIP	Ted Hendel 780 NE 19946SI Mam FC	73179		3.4. CITY-S					\
THE	VVI (CVI)			4.1.TITLE				Change	☐ Addition
NAME				4. 2 NAME			-		-
STREET ADDRESS				4.3 STREET	ADDRESS				į.
CITY-ST-ZIP			1	4.4 CITY-S	T-ZIP			,	1
TITLE				5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				}
CITY-ST-ZIP			i	5.4 CITY-S	T-ZIP				
TITLE				6.1 TITLE				Change	☐ Addition
   Name		机克洛 法经济	·	6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				

14. I hereby certify that the information supplied with this filling 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 suppliemental annual report is frue 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP