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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000024413 (2)

PROFESSIONAL INTERNET SERVICES, INC.

Principal Place of Business Mailing Address 2706 W. FAIRBANKS AVENUE 2705 W. FAIRBANKS AVENUE WINTER PARK FL 32789-3314 WINTER PARK FL 32789 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 2. Principal Prace of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζıρ Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes 💢 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VOSE, GRETCHEN R 2705 W. FAIRBANKS AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE .... Addition TITLE 1.1 TITLE VOSE, GRETCHEN R.H. NAME 12 NAME 2705 W. FAIRBANKS AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY - ST - ZIP 1.4 City - St - ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIE DELETE ☐ Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHY+S1-7IP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 7(P 4.4 City-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

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.

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

6.4 CITY - ST - 7IP

SIGNATURE:

CITY-ST-ZIP

Date

Daylime Phone #

**FILED** 

Jan 22 1997 8:00am

Secretary of State