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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P96000035809 (8) DOCUMENT #

EMAIL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5131 KRISTIN CT. 5131 KRISTIN CT. NAPLES FL 33940 NAPLES FL -00940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0671871 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 34105 Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CONROY, J T III **MORRISON & CONROY, P.A.** Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Trail North, Suite 402 - 975 SIXTH AVENUE SOUTH #101 NAPLES FL City Zip Code 34103 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE ▼ Change Addition TITLE 1.1 TITLE NAME **NELSON, KAREN** 1.2 NAME 5131 KRISTIN CT. STREET ADDRESS 1.3 STREET ADDRESS 34105 NAPLES FL CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TOLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE 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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Karen Nelson

Karen Nelson

FILED

Apr 10 1998 8:00am

Secretary of State