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 # P96000036339 (5)

THE NETSURFERS CORPORATION

FILED Apr 28 1998 8:00am Secretary of State



51 1 15	15	** **			IMIAI BBIBB TAINB BIIBB IIIBB KITTA	
Principal Place		Mading Address				
1891 A FORUM PLACE WEST PALM BEACH FL 33401		1691 A FORUM PLACE WEST PALM BEACH FL 33401		DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualified 04/25/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 /689	FORUM PLACE	26 1689 FOR	ium Peace	65 -06 62462	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac	
City & State		City & State PALM	BEACH FL	6. Election Campaign Financing	\$5.00 N	
23 <i>WEジ</i> マ 334		^{Zig} 33401	Country	Trust Fund Contribution 8. This corporation owes or has p	Added to aid the current year Intar	
24 30H	+O ₂₅	29 23 4 O 1 31	0	Personal Property Tax due Jun		No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
BARRON, RH BARRON, RH						
B91A FORUM PL WEST PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable)						
			83			
			84 City	ST PALM BEACH	FL 85 33	90°/
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered.						
office or r	egistered agent, or both, frothe State of	of Florida, Such change was aut	horized by the corpo	oration's board of directors. I hereby acce	opt the appointment as re	gistered
		Ca	ou diditates.		4/22/98	
SIGNATURE	Signature, typed or printed name of registered agent	t and little if applicable (NOTE, F	legistered Agent signature re	equired when reinstating)	DATE	
12.	OF ICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	IN 12
TITLE	PSD	DELETE		PSD	Change	Addition
NAME	BARRON, ROBERT H	100 m	1.2 NAME	BARRON, ROBERT 1689 FORUM PLAC	H	
STREET ADDRESS		689 FERUM RAC	1.3 STREET ADDRESS	1689 FORUM PLAC	^ /=	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY - ST - ZIP	WEST PALM BEACH	FL 33%/	
TITLE		☐ DELETE	2.1 TITLE	· 	Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY+ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELET E	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	·	☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			ĺ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Others	5.4 CITY-ST-ZIP		TT Channe	Medica
TITLE		☐ DELETE	6.1 TITLE		Change	Addition]
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	perify that the information supplied with	to this filing does not qualify for t	64 CITY-ST-ZIP	in Section 119 07(3Vi) Florida Statutes	I further certify that the in	Iformation
14. Thereby certify that the information supplied with this filing does not quality 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 exact ment with an address.						