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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90023 015 ***150.00

DOCUME	 NT #	P96000050649	_
DOCUME.	11 I #	PYNCHILICIAL	,

1. Corporation Name	
INTERNET GLOBAL, INC.	
	T TREATRE OF THE LEAVE BOARD BROWN
Principal Place of Business Mailing Address	I (SELISE IN PRINCE SHIP SELICE SHIP SHIP SELICE SHIP SHIP SELICE SHIP SELICE SHIP SELICE SHIP SELICE SHIP SHIP SELICE SHIP SH
440 E. SAMPLE ROAD PO BOX 630-698	
SUITE 204 MIAMI FL 33168	DO NOT WRITE IN THIS SPACE
POMPANO FL 33064	3. Date Incorporated or Qualifed
	06/12/1996
Principal Place of Business 2a. Mailing Address	4, FEI Number Applied For
21 26	65-0712962 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing 55.00 May Be
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip	Country 8. This corporation owes the current year Intangible
24 25 29 30	Personal Property Tax.
Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENDEL TED	81 Name TED HENDEL
HENDEL, TED 19958 NE 5TH COURT	82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33179	
MIAMI FL 331/9	183 780 NE 1994 NT 6202 1
	84 City 2010 m. FL 85 Zip Code 22/79
# 100 11 000 0000 - 1 ##7 4500 51-14 Statute 1	
11. Pursuant to the previsions of Sections 607:0502 and 607:1508, Florida Statutes, to office or registered agent or both, in the State of Florida. Such change was author	the above-named corporation submits this statement for the purpose of changing its registered orized by the corporation's board of directors. I hereby accept the appointment as registered statutes.
agent. I am familiar with, and accept the old dations of Section 607.0505. Florida	Statutes. 2/15/9
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi	gistered Agent signature required when reinstating) OATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D V DELETE	1.1 TITLE Change Addition
NAME FELDMAN, BARBARA	1.2 NAME
STREET ADDRESS 18557 CHERBORG DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33496	1.4 CITY-ST-ZIP
TITLE P DELETE	2.1 TITLE Change Addition
NAME DEMOCTI, GEORGE	22 NAME
STREET ADDRESS 8143 MIZNER LANE	2.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433	2.4 CITY-ST-ZIP
TITLE VP	3.1 TITLE Change Addition
NAME HENDEZ, KEN	3.2 NAME
STREET ADDRESS 780 NE 199TH STREET #E202	3.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33179	3.4.CITY-ST-ZIP \ Change Addition
TIME Tes Hendel DELETE	
NAME / Ed Hendel STREET ADDRESS) SU NE 199 th St E202129	4.2 NAME -
	4.3 STREET ADDRESS
TIDE DELETE	44 CITY-ST-ZIP Change Addition
,	5.1 TITLE Change Addition 1
NAME	5.3 STREET ADDRESS
STREET ADDRESS	54 CITY-ST-ZIP
CITY-ST-ZIP TITLE DELETE	6.1 TITLE Change Addition
NAME , SECTION ,	62 NAME
STREET ADDRESS	6.3 STREET ADDRESS
	64 CiTY-ST-ZIP
C/TY-ST-ZIP	examples stated in Section 110 07/2\(\text{i}\) Florida Statutos. I further certify that the information

I 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 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MITED NAME OF SIGNING OFFICER OR DIRECTOR