SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057167 (4)

INTERNET SERVICE TECHNOLOGIES, INC.

FILED Oct 01 1998 8:00am Secretary of State



	 ,					Ш
Principal Place		Mailing Address				•
4318 N.W. 70TH		4318 N.W. 70TH LANE				
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified]
					07/03/1996	Ì
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 /41/	1 SW 12TH AVE,	26 1471 SW 12+1 AVE.			Not Applica	ble
Suite Apt.	#, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 101		27 /0/			Fee Required	
City & Stat		City & State		Γ,	6. Election Campaign Financing \$5.00 May Be	
23 /6MP/	AND DEHCH FF	28 POMPANO BE	Countr	<u> </u>	Trust Fund Contribution	
a	69 25 US			, s	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
ر المال المال	9. Name and Address of Current	· A · · · · · · · · · · · · · · · · · ·	301 0		10. Name and Address of New Registered Agent	-
NOR	DMAN, ROBERT K		81	Name		
4318 N.W. 70TH LANE				D	Addition (D.O. D., Marchaelle M.A. Accessing	
	AL SPRINGS FL 33065		64	Street Address (P.O. Box Number is Not Acceptable)		
33.1			83	i		
			ļ.,		10-1-77-0	
			84	City	FL 85 Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agent a OFFICERS AND	· · · · · · · · · · · · · · · · ·	E Registered :	Agent signatu	ura required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addit	ion
NAME	Nordman, Robert K		1.2 NAME			ĺ
STREET ADDRESS	4318 N.W. 70TH LANE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-S	T-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addit	ion
NAME	PALACIO, JOSE		2.2 NAME			
STREET ADDRESS	4267 S.W. 5TH STREET		2.3 STREE	TADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-S	T-ZIP		
TITLE	D DIAME	L DELETE	3.1 TITLE		Change Addit	.on
NAME	HARRIS, S. BLAKE		3.2 NAME		HARRIS, S. BLAKE 6545 NW 45th WAY	
STREET ADDRESS	5818-C SWORDFISH CT. TAMARAC FL 33319		1	T ADDRESS	16542 NAN ADAM AND	- }
CITY-ST-ZIP TITLE	TAMPINO FL 000 18	[]	3.4 CITY-S 4.1 TITLE	I-ZIP	COCONUT CREEK, FL 33073	. <u> </u>
NAME		L_] DELETE	4.2 NAME		Change [] Addit	on
STREET ADDRESS			· ·	ADDRESS :		
CITY-ST-ZIP			4.4 CITY-S			- {
TITLE		DELETE	5 1 TITLE		Change Additi	ion
NAME		F AFTE IF	5.2 NAME		Lag change [_] Mount	
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE		Change Adolt	ion
NAME			6.2 NAME		3- 13-	
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6 4 CITY-S	1-2IP		
14 I hereby co	rtify that the information supplied with the	vis filling does not qualify for the	ovemntion	stated in	n section 119 07/3/(i) Florida Statutes I further certify that the information	- 1

indicated on this annual report or supplied with this liting does not qualify for the exemption stated in section 119.07(3)(f). 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.

THE HELL TO 9-75-90 Gen 100-1700