## 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

## DOCUMENT # P96000060450

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90150 021 \*\*\*158.75

URNET-COM, INC.						
Principal Place of Business	Mailing Address			- 4 (90)(00) (5) (6)(0 (6)(10) (6)	18181 88110 BILLI ODJI DI	881 81111 8811 1881
5192 75TH STREET NORTH	5192 75TH STREET NORTH					
ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709				DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				07/18/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
9534 Seminole Blvd.	26 9534 Semin	ole_	Blvd.	59-3390806		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
22	27					
City & State	City & State			6. Election Campaign Financing	1	May Be
23 Seminole, Florida	Zip Seminole,	Flor Country	ida	Trust Fund Contribution  8. This corporation owes the current		d to rees
Zip Country		_, ´		Personal Property Tax.	year intaligible \[ \sum Yes \]	⊠No
24 33772 25 USA 9. Name and Address of Curr		O US	4	10. Name and Address of New Reg		
9. Name and Address of Curr	ent vedisteren våent	81	Name	141 1141114 4114 1141		
KANE, LISA						
5192 75TH STREET NORTH		82	Street Address (P.O. Box Number is Not Acceptable)		]	
ST. PETERSBURG FL 33709		83				
					1:21-3	
		84	City		FL  85   Z	ip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	te of Florida. Such change was aut	inorized by	the corporation	poration submits this statement for the pu on's board of directors. I hereby accept the	rpose of changing he appointment as	its registered registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli SIGNATURE  Signature, typed or printed name of registered a	te of Florida. Such change was aut gations of, Section 607.0505, Floric gent and title if applicable. (NOTE: R	inorized by da Statutes Registered Age	r the corporations.	on's board of directors. Thereby accept a	DATE	registered
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14. 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 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 or an adachment with an address, with all other like empowered.

SIGNATURE:

Lisa Kane/CEO

1/8/99

727/393-3314