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 # P96000066964 (3)

AMERICAN WEB PUBLISHING CORPORATION

FILED May 21 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				a tubrisāt isa saitā āliti datil adtil ādilā ālitā ālitā ālitā ālitā ālitā ālitā ālitā	
153 BARRINGTON AVE.		153 BARRINGTON AVE.					
DELAND FL 32724 DELAND FL 32724			<u>!</u> 4			DO MOT WIDTE IN THIS ODACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	— ₁
						· · · · · · · · · · · · · · · · · · ·	- 1
2. Principal P	lace of Business	2a, Mailing Addre	198			08/12/1996 4. FEI Number Applied For	
21	and or Damings	⊢¬	26			59-3397473 Not Applica	
Suite, Apt. #, etc		 	Suite, Apt. #, etc.			S8 75 Additional	
22		27	¬ ' '			5. Centificate of Status Dosired Fee Required	- [
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	8			Trust Fund Contribution	
Zip				Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	\Box
MCLOUGHLIN, JOHN T				81	Name		l
153 BARRINGTON AVE.				82	Street A	Address (P.O. Box Number is Not Acceptable)	\dashv
DE	LAND FL 32724			L_			
				83			
				84	City	85 Zip Code	ᅥ
						FL " ·	
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 charging of the corporation of							ed
agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE							
	Signature, typicd or printed in the of registereding				nt signature re	required when reinstating) DATE	
12.	D OFFICERS AN	D DIRECTORS	11 ETE (1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	lion
NAME	D L.] DELETE MCLOUGHLIN, JOHN T		•	1 1 TITLE 12 NAME		Li Ottalige Li Augh	
_	STREET ADDRESS 153 BARRINGTON AVE.				********		
	CITY-ST-ZIP DELAND FL 32724				ADDRESS		
TITLE	0			1.4 CITY - ST - ZIP 2.1 TITLE		Change Addit	tion
NAME	BELNA, KEVIN			2 2 NAME			
STREET ADDRESS	126 KENDRA AVE.				ADDRESS		
CITY-ST-ZIP	DELAND FL 32724			4 CITY - S			
TITLE		☐ DEL		TITLE	31-21	Change Addit	lion
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			- 1	. CHTY-S	- 1		1
TITLE		DEL		TITLE	31 - 23	☐ Change ☐ Addit	tion
NAME			4.3	2 NAME			
STREET ADDRESS					ADORESS		- 1
CITY-ST-ZIP				CHY-S			1
TITLE		☐ DEt		TITLE		Change Addit	tion
NAME				NAME	1	· · · · · · · · · · · · · · · · · · ·	- 1
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S			
TITLE		☐ DEL		TITLE		Change Addit	tion
NAME				NAME	ĺ		
STREET ADDRESS					ADDRESS		1
CITY-ST-ZIP				CITY-S			
	artify that the information consist u	ith this filing does not a				d in Section 110 07(3Vi). Florida Statutos, I further certify that the information	

4. 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 supplicemental 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.

CICNATURE. () dons) Mr. M. M. LAD