**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000075562

INTERNET INTEREST INCORPORATED

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90247 009 \*\*\*150.00

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Principal Place of Business Mailing Address						( 1001160) tra striff gestr abert abert dann immer anne anne anne tran
	SEWAY. SUITE 208 LLAGE FL 33141	1402 JFK CAUSEWAY. SUITE 208 NORTH BAY VILLAGE FL 33141				DO NOT WRITE IN THIS SPACE
		·				3. Date Incorporated or Qualifed 09/13/1996
2. Principal Pl	lace of Business	2a. Mailing Address			•	4. FEI Number Applied For
21		26				65-0692494 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired
22		City & State	City & State			
City & State		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the current year Intangible
24	25	29	30	ĺ		Personal Property Tax.  Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	•
	RILAWYER CHARTERED		82 St		Street Add	dress (P.O. Box Number is Not Acceptable)
	ALMERIA AVENUE			-	Oli Oct Mad	under (1.0. Box Halling)
CORAL GABLES FL 33134				83		
	•			84	City	FL 85 Zip Code
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the s	hove	-named corr	rogration submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was a	iuthorizei	d by	the corporati	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		100 V		-1 4		ured when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg  12. OFFICERS AND DIRECTORS					it signature require	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	13.			Change Addition
NAME	CHIEN-ERTL, REGINA A		1.2 N	IAME		
STREET ADDRESS	1402 JFK CAUSEWAY, SUITE 2	08	1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	NORTH BAYLOU LOC CL COALA			1.4 CITY+ST-ZIP		
TITLE	VSD DELETE		_	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 N	IAME		
STREET ADDRESS	ALON ITH CALIFFRANCE CONTROL		2.3 \$	2.3 STREET ADDRESS		
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141			2,40	2, 4 CITY-ST-ZIP		e een een een een een een een een een e
TITLE	DELETE		_	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 N	IAME		
STREET ADDRESS	•		3.3 S	TREET	TADDRESS	
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition
NAME			4.21	VAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 T			☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS		•	1		ADDRESS	
CITY-ST-ZIP				ITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 T			Change Addition
NAME			6.2 N			
STREET ADDRESS			6.3 S	TREET	ADDRESS	
			■ c 4 c	m o		

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

**SIGNATURE**