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 # P96000086777 (5)

POWERSITE INTERNET SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1998 8:00am Secretary of State



555 N.W. 15TH AVE. BOCA RATON FL 33432		555 N.W. 15TH AVE. BOCA RATON FL 33432			DO NOT WRITE IN THI	IS SPACE
					3. Date Incorporated or Qualified	
2. Princinal P	lace of Business	2a, Mailing Address			10/16/1996 4. FEI Number	1 10
21	NOT OF EDUCATORS	<u> </u>	26			Applied for
Suite, Apt.	# etc		Suite, Apt. #, etc.		65-0705994	Not Applicable
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the o	current year Intangible
24			30	Personal Property Tax due June 30. X Yes		
Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent		
DIXON, PAMELA M				81 Name		
1200 N. FEDERAL HIGHWAY SUITE 301			8	82 Street Address (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33342		8	3		
			8	4 City	F	85 Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was :	authorized :	by the corpora	rporation submits this statement for the purpose alion's board of directors. I hereby accept the a	of changing its registered
SIGNATURE	Signature, typed or printed name of registered	acent and little if applicable (NO)	E. Registered A	oart sionature requ	ured when reinstating) DATE	
12.		AND DIHECTORS	13.	9 12 10 10 10 10	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	11 1/11/8		THE STATE OF THE S	Change Addition
NAME	MCCONNELL, MARK		1.2 NAM	,		
STREET ADDRESS	555 N.W. 15TH AVE.	· ·		ET ADDRESS		
CITY - ST - ZIP	BOOK BATON EL COLOR		1.4 C/TY			L
TITLE	VP					Change Addition
NAME			2.2 NAM			
STREET ADDRESS	ABAA 1811 AB ABBBBB			ET ADDRESS		
CITY-S1-ZIP	411 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		2.4 CITY	· · · · · · · · · · · · · · · · · · ·		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAM			Ondrige Addition
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			1			
TITLE			3.4. CITY 4.1 TITLE			Change Addition
NAME			4.1 IIILE			□ cualige □ Modition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY		·	
		טוננונ 🗀 טוננונ	5.1 TITLE			Change Addition
NAME			5.2 NAMI			İ
STREET ADDRESS				1 ADDRESS		
CITY · S1 - ZiP			5.4 CITY	ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAMI			
STREET ADDRESS			63STRE	T ADDRESS		
CITY-ST-ZIP			6.4 CHY	ST-ZIP		

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 companion 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 chanter it, or in an attachment with the address.