

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Northerm</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **P96000093379 (1)**

1. Corporation Name:  
**WEB EXPOSE INC.**

Principal Place of Business  
**1230 NORTHEAST 30TH STREET  
OAKLAND PARK FL 33304**

Mailing Address  
**1230 NORTHEAST 30TH STREET  
OAKLAND PARK FL 33304-4015**

3. Date Incorporated or Qualified **11/14/1996** 3a. Date of Last Report

2. Principal Place of Business  
**2733 NE 25th Pl.**

2a. Mailing Address  
**2733 NE 25th Pl.**

4. FEI Number  
**65-0758907**

Applied For  
☐ Not Applicable

State: Apt #, etc

State: Apt #, etc

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**33305**

Country  
**USA**

Zip  
**33305**

Country  
**US**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1801 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

(Signature of officer or director of the corporation or person authorized to execute this report)

(Signature of Registered Agent required when changing)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| 12.1           | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>JARRELL, PHILIP ROSS</b>       |                                 |
| STREET ADDRESS | <b>1230 NORTHEAST 30TH STREET</b> |                                 |
| CITY-ST-ZIP    | <b>OAKLAND PARK FL 33304</b>      |                                 |
| 12.2           |                                   | <input type="checkbox"/> DELETE |
| TITLE          |                                   |                                 |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| 12.3           |                                   | <input type="checkbox"/> DELETE |
| TITLE          |                                   |                                 |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| 12.4           |                                   | <input type="checkbox"/> DELETE |
| TITLE          |                                   |                                 |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| 12.5           |                                   | <input type="checkbox"/> DELETE |
| TITLE          |                                   |                                 |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

|       |                |                                                                   |
|-------|----------------|-------------------------------------------------------------------|
| 13.1  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2  | NAME           |                                                                   |
| 13.3  | STREET ADDRESS |                                                                   |
| 13.4  | CITY-ST-ZIP    |                                                                   |
| 13.5  |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6  | NAME           |                                                                   |
| 13.7  | STREET ADDRESS |                                                                   |
| 13.8  | CITY-ST-ZIP    |                                                                   |
| 13.9  |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 | TITLE          |                                                                   |
| 13.11 | NAME           |                                                                   |
| 13.12 | STREET ADDRESS |                                                                   |
| 13.13 | CITY-ST-ZIP    |                                                                   |
| 13.14 |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.15 | TITLE          |                                                                   |
| 13.16 | NAME           |                                                                   |
| 13.17 | STREET ADDRESS |                                                                   |
| 13.18 | CITY-ST-ZIP    |                                                                   |

**2733 NE 25th Pl.  
Ft. Lauderdale, FL, 33305**

**000002509670  
-05/04/98--01078--010  
\*\*\*150.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 12a Change, or on an attachment with an address.

SIGNATURE: *Philip Ross Jarrell*  
SIGNATURE OF TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/27/98 (954) 565-5751

Date

Debiting Phone #

0000001

CR2004 (0/0)