## - FILÉ NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000093701 (6)

WEB-NET CREATIONS INC.

Principal Place of Business Mailing Address				BOLLA LALBO INTIL LODII BOLAL INGI SADI	
2699 NEW BRITTANY BLVD. ORT MYERS FL 33907		12699 NEW BRITTANY BLVD. FORT MYERS FL 33807-9631			
			3. Date Incorporated or Qualified 11/15/1996	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
<u> </u>	26		58-2245384	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
Z(p) Country	Zip	Country	Trust Fund Contribution	Added to Fees	
`	29	30	8. This corporation has liability for in Florida Statutes	Nes No	
25 9. Name and Address of Cu			10. Name and Address of New Re		
BARKER, RICHARD S		81 Name			
12699 NEW BRITTANY BLVD.		82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
FORT MYERS FL 33907			areas (r.o. pex ramber to recording		
		63			
		84 City		85 Zip Code	
				FL   S   ZAP COOK	
office or registered agent, or both, in the S agent. I am familiar with, and accept the c	State of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	ine appointment as registered	
office or registered agent, or both, in the S agent. I am familiar with, and accept the c SIGNATURE.	State of Florida. Such change was a obligations of, Section 607.0505, Flored agreed and title 4 applicable. (NOTI	authorized by the corpora orida Statutes.  E: Registered Agent signature req.  13.	uired when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the cliGNATURE.  Sometime, typical or printed from a of register.  2. OFFICE RS	State of Florida. Such change was a obligations of, Section 607.0505, Fic	authorized by the corpore orida Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE	uired when reinstaing)  ADDITIONS/CHANGES TO OFFICE  DIESTOR	DATE CERS AND DIRECTORS IN 12	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the office of the control of	State of Florida. Such change was a bibligations of, Section 607.0505, Flored agreed and the Happinable. (NOTI 5 AND DIRECTORS	authorized by the corpore orida Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE	uired when reinstaing)  ADDITIONS/CHANGES TO OFFICE  DIESTOR	DATE CERS AND DIRECTORS IN 12	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the office of the control of	State of Florida. Such change was a bibligations of, Section 607.0505, Flored agreed and the Happinable. (NOTI 5 AND DIRECTORS	authorized by the corpore prida Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition	
office or registered agent, or both, in the sagent. I am familiar with, and accept the colonial register. Superfue, typed or printed from and register.  2. OFFICERS  116  BARKER, RICHARD S  11604 TIMBERLINE CIRCLE FORT MYERS FL 33912	State of Florida, Such change was a obligations of, Section 607,0505, Flored agent and title -t applicable. (NOTI 5 AND DIRECTORS	authorized by the corpore prida Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	uired when reinstaing)  ADDITIONS/CHANGES TO OFFICE  DIESTOR	DATE CERS AND DIRECTORS IN 12 Change Addition	
office or registered agent, or both, in the Sagent. I am familiar with, and accept the or IGNATURE  2. OFFICE RS THE D BARKER, RICHARD S 11604 TIMBERLINE CIRCLE FORT MYERS FL 33912	State of Florida. Such change was a bibligations of, Section 607.0505, Flored agreed and the Happinable. (NOTI 5 AND DIRECTORS	authorized by the corpore pride Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the observation. Specific period done aftergets to CFFICE RS  2. OFFICE RS  116  BARKER, RICHARD S  11604 TIMBERLINE CIRCLE FORT MYERS FL 33912  IILE  AME	State of Florida, Such change was a obligations of, Section 607,0505, Flored agent and title -t applicable. (NOTI 5 AND DIRECTORS	authorized by the corpore pride Statutes.  E: Registered Apent signature req.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change	
office or registered agent, or both, in the sagent. I am familiar with, and accept the configuration. Signature, typest or printed non-configuration. OFFICE RS  2. OFFICE RS  INTERPORTED BARKER, RICHARD S  11604 TIMBERLINE CIRCLE FORT MYERS FL 33912  INTERPORTED BARKER, RICHARD S  11604 TIMBERLINE CIRCLE FORT MYERS FL 33912	State of Florida, Such change was a obligations of, Section 607,0505, Flored agent and title -t applicable. (NOTI 5 AND DIRECTORS	authorized by the corpore pride Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the original familiar with a second original familiar with	State of Florida, Such change was a obligations of, Section 607,0505, Flored egisel and tills 1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E: Registered Apent signature req.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE  CERS AND DIRECTORS IN 12  Change	
office or registered agent, or both, in the sagent. I am familiar with, and accept the confidence of registered agent, and accept the confidence of registered agent. I am familiar with, and accept the confidence of registered agent. I am familiar with, and accept the confidence of registered agent. I am familiar with, and accept the confidence of registered agent. In the sage of registered agent, or both, in the sage of registered agent.	State of Florida, Such change was a obligations of, Section 607,0505, Flored agent and title -t applicable. (NOTI 5 AND DIRECTORS	authorized by the corpore pride Statutes.  E: Registered Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE  CERS AND DIRECTORS IN 12  Change	
office or registered agent, or both, in the Sagent. I am familiar with, and accept the or IGNATURE.  2. OFFICERS  THE D BARKER, RICHARD S  11604 TIMBERLINE CIRCLE  FORT MYERS FL 33912  THE MANE  THE STADDRESS  THE SAME  THE SA	State of Florida, Such change was a obligations of, Section 607,0505, Flored egisel and tills 1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E-Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE  CERS AND DIRECTORS IN 12  Change	
office or registered agent, or both, in the Sagent. I am familiar with, and accept the cities of the	State of Florida, Such change was a obligations of, Section 607,0505, Flored egisel and tills 1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E-Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE  CERS AND DIRECTORS IN 12  Change	
office or registered agent, or both, in the Sagent. I am familiar with, and accept the cities of the	State of Florida, Such change was a obligations of, Section 607,0505, Flored egisel and tills 1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E-Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the colored form and accept the colored formation acce	State of Florida. Such change was a obligations of, Section 607.0505, Flored agent and bite-1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E-Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
office or registered agent, or both, in the Sagent. I am familiar with, and accept the cities of the	State of Florida. Such change was a obligations of, Section 607.0505, Flored agent and bite-1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
office or registered agent, or both, in the sagent. I am familiar with, and accept the original familiar with a supplier with a	State of Florida. Such change was a obligations of, Section 607.0505, Flored agent and bite-1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E-Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
office or registered agent, or both, in the Sagent. Lam familiar with, and accept the observation. Specific printed from a finigetor of the control of the c	State of Florida. Such change was a obligations of, Section 607.0505, Flored agent and bite-1 applicable. (NOTI 5 AND DIRECTORS DELETE	authorized by the corpore pride Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
office or registered agent, or both, in the sagent. I am familiar with, and accept the original familiar with a supplier with a	State of Florida. Such change was a obligations of, Section 607.0505, Ficed agent and bits of applicable. (NOTI 5 AND DIRECTORS DELETE  DELETE  DELETE	authorized by the corpore pride Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition	
office or registered agent, or both, in the sagent. I am familiar with, and accept the object. I am familiar with accept the object. I am familiar with a constant with a c	State of Florida. Such change was a obligations of, Section 607.0505, Ficed agent and bits of applicable. (NOTI 5 AND DIRECTORS DELETE  DELETE  DELETE	authorized by the corpore pride Statutes.  E: Registered Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition	
office or registered agent, or both, in the sagent. I am familiar with, and accept the original familiar with a supplied to the original familiar with, and accept the original familiar with a supplied to the original familiar with a s	State of Florida. Such change was a obligations of, Section 607.0505, Ficed agent and bits of applicable. (NOTI 5 AND DIRECTORS DELETE  DELETE  DELETE	authorized by the corpore prida Statutes.  E: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4. CITY-ST-ZIP  5.1 TITLE  5.2 NAME	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition	
office or registered agent, or both, in the sagent. I am familiar with, and accept the city of the cit	State of Florida. Such change was a obligations of, Section 607.0505, Ficed agent and bits of applicable. (NOTI 5 AND DIRECTORS DELETE  DELETE  DELETE	authorized by the corpore prida Statutes.  E: Registered Apent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Change Addition	
agent. Lam'i familiar with, and accept the congression of the construction of the cons	State of Florida. Such change was a obligations of, Section 607.0505, Ficed agent and bits of applicable. (NOTI 5 AND DIRECTORS DELETE  DELETE  DELETE  DELETE	authorized by the corpore prida Statutes.  E: Registered Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 NAME 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition Addition	
office or registered agent, or both, in the Sagent. I am familiar with, and accept the original familiar with accept the original familiar wit	State of Florida. Such change was a obligations of, Section 607.0505, Ficed agent and bits of applicable. (NOTI 5 AND DIRECTORS DELETE  DELETE  DELETE  DELETE	authorized by the corpore pride Statutes.  E: Registered Apent signature required in the signatu	ADDITIONS/CHANGES TO OFFICE DIRECTOR  FOURD MONK UOT POCKIND ST	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Change Addition	