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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000093701

WEB-NET CREATIONS INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90024 030 ***150.00



Principal Place of Business Mailing Address					4 IMBIIMBY ILE INIIM MINT MOIN MOIN BORN BORN	. JBIŲR 1866 18 801 1	#BI#1 I#I #BI
12699 NEW BRITTANY BLVD. 12699 NEW BRITTANY BLV							
FORT MYERS FL 33907 FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE			
1						SFACE	
					3. Date Incorporated or Qualifed		
		10-11-11-11-11-11-11-11-11-11-11-11-11-1			11/15/1996 4. FEI Number	- An	plied For
<u> </u>	ncipal Place of Business 2a. Mailing Address					_ 	t Applicable
26					58-2295384	\$8.75 A	
			·		5. Certifcate of Status Desired	Fee Re	,
22 27					6. Election Campaign Financing	\$5.00	<u> </u>
23 28					Trust Fund Contribution	Added to	7 1
Zip Country Zip			Country		8. This corporation owes the current year In		
			آ آه	Personal Property Tax. Yes No			□No
	9. Name and Address of Cur		<u> </u>		10. Name and Address of New Registered	Agent	
_			81	Name			
BARKER, RICHARD S			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
12699 NEW BRITTANY BLVD.			62	Street Addre	ess (F.O. Box Number is Not Acceptable)		
FOR	T MYERS FL 33907		83	-			
į	•		_			85 Zip C	Codo
			84	City	FL	85 Zip C	Jode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	, the above	e-named corpo	pration submits this statement for the purpose of	changing its	registered
office or d	egistered agent or both in the Sta	ate of Florida. Such change was autiligations of, Section 607.0505, Florid	nonzed by	the corporation	n's board of directors. I hereby accept the appo	intment as reg	gistered
Į ,	m tamillar with, and accept the ob-	igations of, Section 607.0000, Florid	a Otatolos	•			ļ
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	egistered Ager	nt signature required	(when reinstating) DATE		
12.		AND DIRECTORS	13.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	MONK, EDWARD		1.2 NAME				
STREET ADDRESS	1407 PARKARD ST		1,3 STREE	T ADDRESS			
CITY-ST-ZIP	ASHLAND KY		1.4 CITY-S	T-Z I P			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			ł
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		N .	3.2 NAME				
STREET ADDRESS			33 STREE	TADDRESS			
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				,
STREET ADDRESS			6.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

CITY-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 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 afactment with an address, with all other like empowered.