

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096871 (4)
 1. Corporation Name
INTERNET GLOBAL WEBS INC.



Principal Place of Business 5600 PACIFIC BLVD, SUITE 614 BOCA RATON FL 33433	Mailing Address 5600 PACIFIC BLVD, SUITE 614 BOCA RATON FL 33433-6705
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3. Date Incorporated or Qualified 11/26/1996	3a. Date of Last Report
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21. Principal Place of Business 9843 NW 57 Manor Suite, Apt. #, etc.	22. City & State Coral Springs, FL Zip 33076	25. Country USA	26. Mailing Address P.O. Box 970404 Suite, Apt. #, etc.	27. City & State Coconut Creek, FL Zip 33097	29. Country U.S.A
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4. FEI Number 65-0709883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HALLICK, ASHLEY
5600 PACIFIC BLVD, SUITE 614
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81. Name Ashley Hallick
82. Street Address (P.O. Box Number is Not Acceptable) 9843 NW 57 Manor
83. City Coral Springs
84. State FL
85. Zip Code 33076

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE D	DELETE <input type="checkbox"/>
NAME SILVERMAN, DARREN	
STREET ADDRESS 5600 PACIFIC BLVD, SUITE 614	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	DELETE <input type="checkbox"/>
NAME HALLICK, ASHLEY	
STREET ADDRESS 5600 PACIFIC BLVD, SUITE 614	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/T/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS 9843 NW 57 Manor	
1.4 CITY-ST-ZIP Coral Springs, FL 33076	
2.1 TITLE P/S/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS 9843 NW 57 Manor	
2.4 CITY-ST-ZIP Coral Springs, FL 33076	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Darren Silverman* **DARREN Silverman** 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CREE034 (9/96)