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May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000099788 (7)

1. Corporation Name  
ILLUMA.NET CORPORATION



Principal Place of Business: 14229 PLEASANT POINT LANE JACKSONVILLE FL 32225  
Mailing Address: 14229 PLEASANT POINT LANE JACKSONVILLE FL 32225-2134

3. Date Incorporated or Qualified: 12/05/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-3415096  
Applied For: Not Applicable  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business: 21 1840 SOUTHOIDE BLVD. Suite, Apt. #, etc.: [Blank]  
22 BLDG 1 City & State: JACKSONVILLE, FL Zip: 32216 Country: [Blank]  
2a. Mailing Address: 26 1840 SOUTHOIDE BLVD. Suite, Apt. #, etc.: [Blank]  
27 BLDG 1 City & State: JACKSONVILLE, FL Zip: 32216 Country: [Blank]

9. Name and Address of Current Registered Agent  
MORTIMER, R. E  
14229 PLEASANT POINT LANE  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

| 12. OFFICERS AND DIRECTORS |   | DELETED                  |
|----------------------------|---|--------------------------|
| TITLE                      | D                                       | <input type="checkbox"/> |
| NAME                       | MORTIMER, R. E                          |                          |
| STREET ADDRESS             | 14229 PLEASANT POINT LANE               |                          |
| CITY - ST - ZIP            | JACKSONVILLE FL 32225                   |                          |
| TITLE                      | D                                       | <input type="checkbox"/> |
| NAME                       | BROWN, J. BROOKS M.D.                   |                          |
| STREET ADDRESS             | 3827 UNIVERSITY BLVD., SOUTH, SUITE 830 |                          |
| CITY - ST - ZIP            | JACKSONVILLE FL 32218                   |                          |
| TITLE                      | D                                       | <input type="checkbox"/> |
| NAME                       | PELLOT, JAMES W                         |                          |
| STREET ADDRESS             | 3883 BRAMPTON ISLAND CT. N.             |                          |
| CITY - ST - ZIP            | JACKSONVILLE FL 32224                   |                          |
| TITLE                      | D                                       | <input type="checkbox"/> |
| NAME                       | STROHLEIN, STEPHEN S M.D.               |                          |
| STREET ADDRESS             | WHITNEY B ROAD                          |                          |
| CITY - ST - ZIP            | KRESGEVILLE PA 18333                    |                          |
| TITLE                      | D                                       | <input type="checkbox"/> |
| NAME                       | VOSE, WILLIAM A                         |                          |
| STREET ADDRESS             | 123 CARCABA ROAD                        |                          |
| CITY - ST - ZIP            | JACKSONVILLE FL 32095                   |                          |
| TITLE                      | D                                       | <input type="checkbox"/> |
| NAME                       | SHAW, BARRY A CPA                       |                          |
| STREET ADDRESS             | 210 SOUTH 14TH AVENUE                   |                          |
| CITY - ST - ZIP            | JACKSONVILLE BEACH FL 32250             |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           | Change                              | Addition                            |
|---|---------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE   | P/D                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 1.2 NAME  | MORTIMER, R. E.           |                                     |                                     |
| 1.3 STREET ADDRESS                                    | 14229 PLEASANT POINT LANE |                                     |                                     |
| 1.4 CITY - ST - ZIP                                   | JACKSONVILLE FL 32225     |                                     |                                     |
| 2.1 TITLE   | V                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2.2 NAME  | HEISTER, DEBRA C.         |                                     |                                     |
| 2.3 STREET ADDRESS                                    | 1609 CORNELL RD           |                                     |                                     |
| 2.4 CITY - ST - ZIP                                   | JACKSONVILLE, FL 32207    |                                     |                                     |
| 3.1 TITLE   | V                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3.2 NAME  | WAGNER, WINIFRED G        |                                     |                                     |
| 3.3 STREET ADDRESS                                    | 12759 BIGGIN CHURCH RD S. |                                     |                                     |
| 3.4 CITY - ST - ZIP                                   | JACKSONVILLE, FL 32224    |                                     |                                     |
| 4.1 TITLE   | V                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4.2 NAME  | ALDRICH, JAMES W. II      |                                     |                                     |
| 4.3 STREET ADDRESS                                    | 11853 TUMBLING OAKS LN.   |                                     |                                     |
| 4.4 CITY - ST - ZIP                                   | JACKSONVILLE, FL 32223    |                                     |                                     |
| 5.1 TITLE   | [Blank]                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.2 NAME  | [Blank]                   |                                     |                                     |
| 5.3 STREET ADDRESS                                    | [Blank]                   |                                     |                                     |
| 5.4 CITY - ST - ZIP                                   | [Blank]                   |                                     |                                     |
| 6.1 TITLE   | [Blank]                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.2 NAME  | [Blank]                   |                                     |                                     |
| 6.3 STREET ADDRESS                                    | [Blank]                   |                                     |                                     |
| 6.4 CITY - ST - ZIP                                   | [Blank]                   |                                     |                                     |

14. I do 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 addendum with an address.

SIGNATURE: [Signature] R. E. MORTIMER  
Date: 4-28-97 Daytime Phone #: (904) 726-9600

CR2E034 (9/96)