

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

AMENDED

APPROVED
AND
FILED

99 DEC -2 PM 12: 17

DOCUMENT # P97000005293

1. Corporation Name

CREDIT INTERNET CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1167 WYETH DR
NOKOMIS FL 34274
US

Mailing Address

P O BOX 1272
NOKOMIS FL 34274
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

65-0729292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays St
Tallahassee FL 32301

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

2. STREET ADDRESS

3. CITY-STATE-ZIP

1. NAME ☐ DELETE

2. STREET ADDRESS

3. CITY-STATE-ZIP

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2. STREET ADDRESS

3. CITY-STATE-ZIP

1. NAME ☐ DELETE

2. STREET ADDRESS

3. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-STATE-ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-STATE-ZIP

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

SIGNATURE:

WILLIAM MORENO

11/22/99 800-875-8753

Date

Daytime Phone