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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010416 (0)

## FILED May 07 1998 8:00am Secretary of State

INTERN	NET FULFILLMENT, INC.					
Principal Plac	e of Business	Mailing Address				
2649 MARATHON LANE 2649 MARATHON LANE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 333			33312			
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified 02/03/1997	
2. Principal P	Place of Business	2a. Mailing Address		<del></del> .	4. FEI Number	Manufact For
21	ide of Edamicaa	26		4. ( E) Nonibel	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	├─¬ ' ├─¬ ' ├─¬		Coun	lry	8. This corporation owes or has paid the o	current year Intangible
24	9. Name and Address of Curren	29 30			Personal Property Tax due June 30.	Yes No
	<del></del>	t Registered Agent		Name	10. Name and Address of New Registers	d Agent
	OODWARD, SARAH		ľ	Name		
	49 MARATHON LANE		ε	Street Add	dress (P.O. Box Number is Not Acceptable)	-
FU	RT LAUDERDALE FL 33312		ļ.,	13		
			`	13		
			8	14 City	-	85 Zip Code
44 Durayyant	to the provisions of Sections 607.050	2 and CO7 1E09 Florido Calul	so the ob	up parced as	Forestion submits this statement for the surround	
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
agent. La	im lamiliar with, and accept the obliga-	ations of, Section 607.0505, El	orida Statui	les.		
SIGNATURE	Signature, typed or printed name of registered age	or and title if annheable (NOT	f : Beg stered /	Anent signature regu	uited when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.4 TITU	E		Change Addition
NAME	WOODWARD, SARAH		1.2 NAM	lE .		
STREET ADDRESS			1.3 STRE	ET ADDRESS		6
CITY-ST-ZIP			1.4 CHY	- ST - ZIP		
TITLE	•	D DELETE 2.1 T		ī		☐ Change ☐ Addition C
NAME	WOODWARD, TERRY		2 2 NAM	E		1
STREET ADDRESS	2649 MARATHON LANE		2.3 STRE	EET ADDRESS		
CITY-ST-ZIP			2. 4 C(T)	7-S1-ZIP		
TITLE		☐ DELETE	3.1 TITLE		<i>₽.</i>	Change
NAME	3 2 N		3 2 NAM			
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP				r - ST - ZIP		0
TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NAN			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP TITLE				- ST- ZIP		Change Addition
NAME		- Detter	5.1 JULE	- 1		C Onange C Addition
STREET ADDRESS			5.2 NAM 5.2 CTDS	ET ADDRESS		
CITY-ST-ZIP						,
TITLE		DELETE	6.1 TITLE	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAM			
STREET ADDRESS			B .	ET ADDRESS		
CITY-ST-ZIP				- SI - ZIP		
			3			

14. Thereby 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 chapter 400 an attachment with an address.