## 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 # P97000011012 (6)

INTERNET ACCESS SERVICE, INC.

## FILED Feb 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-{	DII BOHAY HUUB	(III) <del>10</del> 61
POST OFFICE BOX 350453 POST OFFICE BOX 350453				<b>;</b>				
FORT LAUDERDALE FL 33335 FORT LAUDERDALE FL 333								
						DO NOT WRITE IN THIS SPA	ACE	
						3. Date Incorporated or Qualified 02/03/1997		
2. Principal P	Place of Business	2a. Mailing Add	dress			4. FEL Number	Appl	ied For
21		26				89-3428743		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				TO THE WHEN			\$8.75 Ad	• •
22	27					5. Certificate of Status Desired	Fee Requ	
City & Stat	State City & State					6. Election Campaign Financing	\$5.00 M	ay Be
23	28					Trust Fund Contribution	Added to	Fees
Zip	<u> </u>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
24	25 g. Name and Address of Curren	29 of Registered Agent	30	1	·	Personal Property Tax due June 30.		40
CC	PROPORATION SERVICE COMPAN			81	Name	IV. Hamb and Address of Non Registered Age	7714	
1201 HAYS STREET								
TALLAHASSEE FL 32301-2525				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
***				83				
				ļ		· · · · · · · · · · · · · · · · · · ·	-1 - ^	
				84	City	FL <sup>†</sup>	35 Zip Co	ge
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 sign						d when reinstating) DATE		
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	President Edward S. Liston 10011 Pines Blud, Suite	بالمل	-	TITLE		Li	Change [	Addition
NAME	COLUMN S. CISTON	'א ') ומי	NO.A IN	NAME				3
STREET ADDRESS	Pembrake Awes, FL	23021	· .		ADDRESS	·		Įį
CITY-ST-ZIP TITLE	HEWDLIKE HORS, I-C	33024		CITY-S TITLE	1 - 2112		Change [	Addition
NAME		Д.		NAME		_	Onlingo L	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S				
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NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	ST-ZIP			
TITLE				TITLE	Į		Change [	Addition
NAME				NAME				
STREET ADDRESS			1		address			
CITY-ST-ZIP	<del> </del>			CITY - S'	T-ZIP		Channa T	Addition
TITLE		U U		TITLE		Ш	Change [	Addition
NAME Street address				NAME	ADDRESS			
CITY-ST-ZIP				SIKEET SITY-S'				
TITLE				ITLE	) - CIT	T T	Change [	Addition
NAME			<b>I</b> - · ·	AME				
STREET ADDRESS			<b>I</b> •	_	ADDRESS			
CITY-ST-ZIP				XTY-SI				1
	ertify that the information supplied wi	th this filing does not				ection 119.07(3)(i). Florida Statutes, I further certify	that the inf	ormation

14. 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 attachment with an address.

CICNIATURE.

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