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

₽[#]PROFIT **CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000011012

1. Corporation Name

INTERNET ACCESS SERVICE INC

	Mailing Address
Principal Place of Business	•
POST OFFICE BOX 350453	POST OFFICE BOX 350453
FORT LAUDERDALE FL 33335	FORT LAUDERDALE FL 33335
•	

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90018 012 ***150.00



1			•			- 1					
POST OFFICE	BOX 350453	POST OFFICE BO	OX 350453								
	RDALE FL 33335	FORT LAUDERDA									
						- 1	DO	NOT WRIT	E IN THIS	SPACE	
						3 1	Date Incorporated c	or Qualifed			
							02/03/1997				j
	3.7										
2. Principal #	Place of Business	2a. Mailing Add	ress			· · ·	FEI Number				pplied For
21		26		_	_		59-3428743			^	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #	, etc.							\$8.75	Additional
22		27				5. (Certifcate of Status	Desired			Required
City & Sta	ato	City & State				 					<u> </u>
		— — ´					Election Campaign	_		•	May Be
23			<u> </u>		·		Trust Fund Contribu	ition		Added	to Fees
Zip	Country	Zip	Col	untry		8.	This corporation ow	es the curn	ent year In	tangible	
24	25	29	30				Personal Property T	ах.		Yes 🗌	□No
<u> </u>	9. Name and Address of Currer	nt Registered Agent		Τ-"-		10.	Name and Address	s of New R	egistered	Agent	
<u> </u>	***	81 1 1		81	Name						
COF	RPORATION SERVICE COMPANY										Ì
120	1 HAYS STREET			82	Street Add	ress (P.0	O. Box Number is N	lot Accepta	ble)		
				1		•					
{ IAL	LAHASSEE FL 32301-2525			83			10.5	4			1 1 1 2 3
								e 4,	<u> </u>	1 1	
	•			84	City					85 Zip	Code
topic commence	<u> </u>								<u> </u>	<u>- </u>	
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508, Flori	da Statutes, the a	bove-	named corp	poration	submits this statem	ent for the	purpose of	changing it	s registered
	registered agent, or both, in the State	of Florida, Such chan	ne was authorized		ne corporatio	ion's boa	ard of directors. I he	reby accep	t the appo	ıntment as r	egistered
office of a	am familiar with, and accept the obliga	ations of Section 607	0505 Florida Stat	u by u hites	•						
office of a agent. I a	am familiar with, and accept the obliga	ations of, Section 607.	0505, Florida Stat	tutes.							
agent. I a		ations of, Section 607.	0505, Florida Stat	tutes.	·				DATE		
agent. I a	Signature, typed or printed name of registered age	entions of, Section 607.	0505, Florida Stat	tutes.	·	ed when rein	instating)		DATE		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age	ent and title if applicable.	0505, Florida Stat (NOTE: Registered	d Agent s	·	ed when rein		ES TO OFF			
agent. I a	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable.	0505, Florida Stat	d Agent s	·	ed when rein	instating)	ES TO OFF		ND DIRECT	ORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age	ent and title if applicable.	0505, Florida Stat (NOTE: Registered	d Agent s	·	ed when rein	instating)	ES TO OFF			
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S.	ont and title if applicable. ND DIRECTORS	(NOTE: Registered 13. ELETE 1.1 TI 1.2 N	d Agent s ITLE	signature require	ed when rein	instating)	ES TO OFF			
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10	ont and title if applicable. ND DIRECTORS	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1 TI 1.2 N 1.3 S	d Agent s ITLE AME TREET A	signature require	ed when rein	instating)	ES TO OFF			
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S.	ent and title if applicable. ND DIRECTORS	(NOTE: Registered (NOTE: Registered 13. ELETE 1.171 1.2 N 1.3 S 1.4 C	d Agent s ITLE AME TREET A	signature require	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10	ent and title if applicable. ND DIRECTORS	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1 TI 1.2 N 1.3 S	d Agent s ITLE AME TREET A	signature require	ed when rein	instating)	ES TO OFF			
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10	ent and title if applicable. ND DIRECTORS	(NOTE: Registered (NOTE: Registered 13. ELETE 1.171 1.2 N 1.3 S 1.4 C	ITLE AME TREET A TILE	signature require	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS	(NOTE: Registered (NOTE: Registered 13. ELETE 1.171 12.N 1.3 S 1.4 C ELETE 2.1 T 22.N	d Agent and Agen	signature require	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1 TI 12.N 1.3.S 1.4.CI ELETE 2.1 TI 22.N. 23.S'	d Agent : d Agent : TLE AME TREET A TY-ST-: TLE AME TREET A	ADDRESS ZIP	ed when rein	instating)	ES TO OFF		☐ Change	Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.171 12.N 1.3 S 1.4 C ELETE 2.171 22.N 2.3 S 2.4 C	d Agent s TLE AME TREET A TLE AME TREET A CITY-ST-	ADDRESS ZIP	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.171 12.N 1.3 S 1.4 C ELETE 2.171 22.N 2.3 S 2.4 C ELETE 3.1 TI	d Agent : d Agent : d Agent : file AME fireet A fireet A fireet A fireet A	ADDRESS ZIP	ed when rein	instating)	ES TO OFF		☐ Change	Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.171 12.N 1.3 S 1.4 C ELETE 2.171 22.N 2.3 S 2.4 C	d Agent : d Agent : d Agent : file AME fireet A fireet A fireet A fireet A	ADDRESS ZIP	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 13.S 1.4C ELETE 2.1TI 22.N 23.S' 2.40 3.1TI 32.N	d Agent a AME TREET A TILE AME TREET A TILE TREET A TILE TREET A TILE TREET A	ADDRESS ZIP	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ent and title if applicable. ND DIRECTORS D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 13.5 1.4CI ELETE 2.1TI 22.N 23.5 2.4C 3.1TI 32.N 33.SI	TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607. and take if applicable. ND DIRECTORS D D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 13.5 1.4CI ELETE 2.1TI 22.N 23.5 2.4C ELETE 3.1TI 32.N 33.SI 34.C	d Agent a ITLE AME TREET A STY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST- ITLE	ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	☐ Addition ☐ Addition ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607. and take if applicable. ND DIRECTORS D D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 13.5' 14.CI ELETE 2.1TI 22.N 23.5' 2.4.CI 33.ST 34.CI ELETE 4.1TI	ITLE AME TREET A AME TREET A CITY-ST- TILE AME TREET A CITY-ST- TILE TREET A TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	☐ Addition ☐ Addition ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607. and take if applicable. ND DIRECTORS D D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 13.5 1.4CI ELETE 2.1TI 22.N 23.5 2.4C ELETE 3.1TI 32.N 33.SI 34.C	ITLE AME TREET A AME TREET A CITY-ST- TILE AME TREET A CITY-ST- TILE TREET A TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	☐ Addition ☐ Addition ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607. and take if applicable. ND DIRECTORS D D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 1.2N 1.3 S 1.4 CI ELETE 2.1TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 SI 3.4 CI ELETE 4.1 TI 4.2 N.	ITLE AAME TREET A AME TREET A TREET A AME TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	☐ Addition ☐ Addition ☐ Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607. and take if applicable. ND DIRECTORS D D	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 1.3.5' 1.4.CI ELETE 2.1TI 22.N 2.3.5' 2.4.CI ELETE 3.1TI 32.N 33.SI 34.CI ELETE 4.1TI 4.2.N 4.3.SI	ITLE AME TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	☐ Addition ☐ Addition ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 1.3.5' 1.4.CI ELETE 2.1TI 22.N 2.3.5' 2.4.CI ELETE 3.1TI 32.N 3.3.SI 3.4.CI ELETE 4.1TI 4.2.N 4.3.SI 4.4.CI	ITLE AME TREET A TREET A AME TREET A TREET A AME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 13.5' 14.CI ELETE 2.1TI 22.N 23.5' 2.4.CI ELETE 4.1TI 4.2.N 4.3.SI 4.4.CI ELETE 5.1TI	ITLE AME TREET A TREET A AME TREET A TREET A AME TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change	☐ Addition ☐ Addition ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 1.3.5' 1.4.CI ELETE 2.1TI 22.N 2.3.5' 2.4.CI ELETE 3.1TI 3.2.N 3.3.SI 3.4.CI 4.1TI 4.2.N 4.3.SI 4.4.CI ELETE 5.1TI 5.2.N	ITLE AME TREET A AME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 1.3.5' 1.4.CI ELETE 2.1TI 22.N 2.3.5' 2.4.CI ELETE 3.1TI 3.2.N 3.3.SI 3.4.CI 4.1TI 4.2.N 4.3.SI 4.4.CI ELETE 5.1TI 5.2.N	ITLE AME TREET A AME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 1.3.5' 1.4.CI ELETE 2.1TI 22.N 2.3.5' 2.4.C ELETE 3.1TI 32.N 33.SI 34.C ELETE 4.1TI 4.2.N 4.3.SI 4.4.CI ELETE 5.1TT 52.N/ 53.SI	ITLE AME TREET A AME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N 1.3.5' 1.4.CI ELETE 2.1TI 22.N 2.3.5' 2.4.C ELETE 3.1TI 32.N 33.SI 34.C ELETE 4.1TI 4.2.N 4.3.SI 4.4.CI ELETE 5.1TT 52.N/ 53.SI	ITLE AME TREET A TLE AMME TREET A TLE TREET A TLE TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 12.N. 13.5' 14.CI ELETE 2.1TI 22.N. 23.5' 2.4.CI ELETE 3.1TI 32.N. 33.SI 34.CI 4.1TI 4.2.N. 4.3.SI 4.4.CI 5.1.TT 52.N. 5.3.SI 5.4.CI ELETE 6.1.TI	ITLE ITLE AME TREET A AME TREET A TREET A AME TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P LIPTON, EDWARD S. 10011 PINES BLVD., SUITE 10 PEMBROKE PINES FL 33024	ations of, Section 607.	(NOTE: Registered (NOTE: Registered 13. ELETE 1.1TI 1.2N 1.3S' 1.4CI ELETE 2.1TI 2.2N 2.3S' 2.4C ELETE 3.1TI 3.2N 3.3ST 3.4.CI 4.1TI 4.2N 4.3ST 4.4CI 5.1TI 5.2N/ 5.3ST 5.4CI ELETE 6.1TI 6.2N/	ITLE ITLE AME TREET A AME TREET A TREET A AME TREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	ed when rein	instating)	ES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition

14. I 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 agricular 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP