

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
---	---	---

FILED

98 OCT 16 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021999
1. Corporation Name

INTERNET PRODUCTS INTERNATIONAL, INC.

Principal Place of Business 407 Whooping Loop Suite 1663 Altamonte Springs, FL 32701	Mailing Address 407 Whooping Loop Suite 1663 Altamonte Springs, FL 32701
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 123 S. Woodland St. Suite, Apt. #, etc. 22 City & State 23 Winter Garden, FL Zip Country 24 34787 25 US	2a. Mailing Address 26 123 S. Woodland St. Suite, Apt. #, etc. 27 City & State 28 Winter Garden, FL Zip Country 29 34787 30 US
---	--

3. Date Incorporated or Qualified 3-11-97	4. FEI Number 59-3474713	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMIE PIROMALLI
407 Whooping Loop
Suite 1663
Altamonte Springs, FL 32701

81 Name INTRASTATE REGISTERED AGENT CORPORATION	82 Street Address (P.O. Box Number is Not Acceptable) c/o Holland & Knight LLP	83 701 Brickell Avenue, Suite 3000	84 City Miami	85 Zip Code FL 33131
--	---	---------------------------------------	------------------	-------------------------

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 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.

Louis T.M. Conti, Vice President

SIGNATURE

Signature, typed or printed name of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	<input type="checkbox"/> DELETE
NAME	FROELICHER, STEPHEN	
STREET ADDRESS	123 S. Woodland St.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	V/CTO	<input type="checkbox"/> DELETE
NAME	HALL, STEVE	
STREET ADDRESS	123 S. Woodland St.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	V/COO	<input type="checkbox"/> DELETE
NAME	BROOME, NICK	
STREET ADDRESS	123 S. Woodland St.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

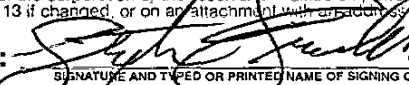
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

500002667745--5
-10/20/98-01024-004
*****558.75 *****558.75

540-16-98

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 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.

SIGNATURE:  Stephen Froelicher, Pres. 10/14/98 (407) 877-3309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)