

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90095 031 ***150.00

DOCUMENT # P97000032920

1. Corporation Name
WEBSPEDITE, INC.



Principal Place of Business
28334 OPENFIELD LOOP
WESLEY CHAPEL FL 33543
US

Mailing Address
28334 OPENFIELD LOOP
WESLEY CHAPEL FL 33543
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number
59-3443836

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. ~~28334~~ 18 Holly Dr.

26. 18 Holly Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State
23. New York NY

27. City & State
28. New York NY

24. Zip 11791 Country US

29. Zip 11791 Country US

9. Name and Address of Current Registered Agent

GRANAGHAN, PATRICK T
10913 N DALE MABRY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

TITLE V ☐ DELETE
NAME DUNNE, JOHN B JR
STREET ADDRESS 8608 HUNTFIELD ST
CITY-STATE-ZIP TAMPA FL 33635

TITLE P ☐ DELETE
NAME COHEN, JASON M
STREET ADDRESS 28334 OPENFIELD LOOP
CITY-STATE-ZIP WESLEY CHAPEL FL 33543

TITLE S ☐ DELETE
NAME DUNNE, JACQUELINE A
STREET ADDRESS 8608 HUNTFIELD ST
CITY-STATE-ZIP TAMPA FL 33635

TITLE T ☐ DELETE
NAME COHEN, ELLEN R
STREET ADDRESS 8608 HUNTFIELD ST
CITY-STATE-ZIP TAMPA FL 33635

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 14 scotch dam Rd.
1.4 CITY-STATE-ZIP Easton, MA 02375

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 18 Holly Dr.
2.4 CITY-STATE-ZIP Syosset, NY 11791

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 14 scotch dam Rd.
3.4 CITY-STATE-ZIP Easton, MA 02375

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 18 Holly Dr.
4.4 CITY-STATE-ZIP Syosset, NY 11791

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99

Date

(516)-410-0149

Daytime Phone #

CR2E034 (11/98)