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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000040540

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Zip

City & State

FLORIDA INTERNET YELLOW PAGES, INC.

Country

9. Name and Address of Current Registered Agent

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Mailing Address Principal Place of Business 5000 N.W. 5TH AVENUE 5000 N.W. 5TH AVENUE **BOCA RATON FL 33431 BOCA RATON FL 33431** 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc.

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City & State

Zip

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90161 031 ***158.75



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/05/1997

65-0752514

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	5000 BOC	S, WILLIAM W N.W. 5TH AVENUE A RATON FL 33431 To the provisions of Sections 607.0502 and 607.1508, agistered agent, or both, in the State of Florida. Such	change was author	the aborized	B4 City	Address (P.O. Box	this statemen	t for the pur	FL pose of a	85 Zip Co	registered	
Signature, Support or printed name of registated agent and site if applicables. (NOTE, Replaseed Agent and site of applicables required support and site of	agent. I ar	n familiar with, and accept the obligations of, Section	607.0505, Florida	Statut	es.						J	
NAME	SIGNATURE Signature, typed or ordeted name of registered agent and title if applicable. (NOTE: Registered #					required when reinstating)	·		DATE			€
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Country

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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the informati 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 a report of the repowered.