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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000044067**1. Corporation Name

OZONA ONLINE NETWORK, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90018 010 ***158.75



Principal Pla	ace of Business	Mailing Address					•
	IATE US HIGHWAY 19 NORTH #109	2706 ALTERNATE US HIGH	WAY 19	NORTH #109			
PALM HARBOR FL 34683 PALM HARBOR FL 34683					DO NOT WRITE IN THIS SPACE		
						THIS STACE	
					3. Date Incorporated or Qualifed		
					05/15/1997		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-3449717	No	t Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	' \$8.75 ∧	Additional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & St	tate	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current ye		
24	25 29 30			,	Personal Property Tax.	☐ Yes	⊠No
9. Name and Address of Current Registered Agent					10. Name and Address of New Regist		
	s. Hame and Address of Curre	III IZANISIRI BU MBENI		81 Name	To Hame and Address of Hen Negla	area chair	
ווע	I COLAIN. WILLIAM D			- I Hallie			
KILLERLAIN, WILLIAM R				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
2706 ALTERNATE US HIGHWAY 19 NORTH #109					<u> </u>	<u> </u>	
PALM HARBOR FL 34683				83	· · · · · · · · · · · · · · · · · · ·	数据 翻線	
						(中, 14) 47 9 (7)	#19 77 [36] ************************************
				84 City		FI 85 Zip C	700e
11 Pureus	nt to the provisions of Sections 607.05	02 and 607 1508 Florida Statut	es the a	hove-named cor	rporation submits this statement for the purpo	se of changing its	registered
office of	r registered agent, or both, in the State	e of Florida. Such change was a	uthorized	l by the corporal	tion's board of directors. I hereby accept the	appointment as reg	gistered
agent. I	I am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Stati	ites.	•	•	
SIGNATUR	E				•		
	Signature, typed or printed name of registered age			Agent signature requi		TE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TI	LE	and the second second	☐ Change	Addition
NAME	KILLERLAIN, WILLIAM	·	1.2 NA				
STREET ADDRES			1.2.10	ME	• *		
	l .						
CITY-ST-ZIP	DALM MADROD CL 34603		1.3 ST	REET ADDRESS	•		
TITLE	PALM HARBOR FL 34683	□ DELETE	1.3 ST 1.4 CF	REET ADDRESS TY-ST-ZIP		Change	
	PALM HARBOR FL 34683	☐ DELETE	1.3 ST 1.4 CF 2.1 TF	REET ADDRESS TY-ST-ZIP		Change	☐ Addition
NAME	PALM HARBOR FL 34683	☐ DELETE	1.3 ST 1.4 CF	REET ADDRESS TY-ST-ZIP	entersonal Stewart	☐ Change	
NAME STREET ADDRES		☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	REET ADDRESS TY-ST-ZIP		☐ Change	
j		☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	REET ADDRESS TY-ST-ZIP TLE ME			☐ Addition
STREET ADDRES		☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP		Change	☐ Addition
STREET ADDRES CITY-ST-ZIP TITLE		_	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 G	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SS .	_	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SS .	_	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS			☐ Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .	DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	REET ADDRESS TY-ST-ZIP ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP		Change	Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	SS .	_	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CG 3.1 TF 3.2 NA 3.3 ST 3.4, CG	REET ADDRESS TY-ST-ZIP TLE MIE REET ADDRESS TY-ST-ZIP LE MIE REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP			☐ Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .	DELETE	1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA	REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE		Change	Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	55	DELETE	1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA	REET ADDRESS TY-ST-ZIP TLE MIE REET ADDRESS TY-ST-ZIP LE MIE REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP		Change	Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	55	DELETE	1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST	REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE		Change	Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	55	DELETE	1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP		Change	Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	55	DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4, CF 4.1 TF 4.2 NA 4.3 ST 4.4 CF	REET ADDRESS IY-ST-ZIP ILE MIE REET ADDRESS IY-ST-ZIP LE MIE REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE		Change	Addition Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	SS	DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA	REET ADDRESS IY-ST-ZIP ILE MIE REET ADDRESS IY-ST-ZIP LE MIE REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE		Change	Addition Addition
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STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP		Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SS	DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N. 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		Change	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 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 of 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 attacking it with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

WILLIAM R KILLERLAIN