**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000046986 (0) BON INTERNET SERVICES, INC. Mailing Address Principal Place of Business 3733 N. GOLDENROD RD., STE. 1109 3733 N. GOLDENROD RD., STE, 1109 WINTER PARK FL 32782 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified Applied For 2. Principal Place of Business 2a. Mailing Address 3733N. Goldenrod Rd. 3733 N. Golden rad Rd. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 14 5 untry US 8. This corporation owes or has paid the current year Intangible 327*9*2 26 Crange 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered/Agent 81 DERIDDER, WILLIAM N James B. Edwards 3733 N. GOLDENROD RD., STE. 1109 82 WINTER PARK FL 32792 83 84 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. Edwards (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES DEFICERS AND DIRECTORS IN 12 13. 125/2 DELETE 1.1 TITLE wann n. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS . Lowenhou CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME BEN Whitens James B. Edwards STREET ADDRESS 2.3 STREET ADDRESS 3733 H. GOLDEN RAD # 602 CITY-ST-ZIP 2.4 CITY-ST-ZIP divoral task pl 32792 DELETE Change \_\_ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME 3783 N. boldenrad Rd. #602. 4.9 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 eath; 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: