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

DOCUMENT # P97000050076 (3)

OBJECTNET SOLUTIONS INC.

Principal Place of Business 17981 SAILEISH DRIVE

Mailing Address

17981 SAILFISH DRIVE

FILED

May 21 1998 8:00am

Secretary of State

LUTZ FL 33549	LUTZ FL 33549		DO NOT MORE IN THE	3 80 A OF
			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
			06/05/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 10422 Greenhedges Dr	26 10422 Green	hedges Dr	59-34t1+79	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Continue of Chat of Daily	\$8,75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Jampa	28 am/a		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	_ · _ ~
24 33626 25 Hillsburgh	29 35626 30	1 Hillshors L	Personal Property Tax due June 30.	∐ Yes ∐ No
9, Name and Address of Current	negistereu Agent	81 Name /	10. Name and Address of New Registered	Agent
ZOU, KUN		K	un ton	
17981 SAILFISH DRIVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LUTZ FL 33549		83 / 12 // 2	2 / martales De	
		70400	2 Greenhedges Dr	
·		84 City Tan	nDa FI	B5 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above-named corpo	oralion submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State o agent. I am familiar with, and accept the object	I Florida Such change was auth	norized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
	ons or, signion 607,0505, Florid	a Staunes.	11/20	160
SIGNATURE Signature typed or product own on the sent pure	ndam Capposable (NOTE Be	gistered Agent signature required	d when reinstating) DATE	-/-70
An Control Anna	DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE President Kun Z-U Greenhedy Tampa, 74 336	☐ DELETE	1.1 TITLE		Change Addition
NAME Kum Zwill	_	1.2 NAME		1;
STREET ADDRESS 10422 Greenhers	es Dr	1.3 STREET ADDRESS		
CITY-ST-ZIP Tampa, TL 231	26	1.4 CITY - S1 - ZIP		[8
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZiP		2. 4 CITY- ST-ZIP		
TITLE	☐ DELETE	31 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP		
TITLE	☐ DELFTE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	L DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME	2000025325	
STREET ADDRESS		5 3 STREFT ADDRESS	-05/22/980100702	28
CITY-ST-ZIP	T DELEVE	5.4 C(1Y-S1-7)P	***150.00	
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		1/2/
STREET ADDRESS		6.3 STREET ADDRESS		7 57
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	i triis filing ooes not qualify for th	ie exemption stated in S	section 119.07(3)(i), Florida Statutes. I further o	ertify that the information

indicated on this annual report or supplemental annual report is frue 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 address.