

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

FILED
May 19 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P97000052303
1. Corporation Name

WEB ASSOCIATES, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 7491 NORTH FEDERAL HIGHWAY, C-5 SUITE 117 BOCA RATON, FL 33487 | 7491 NORTH FEDERAL HIGHWAY, C-5 SUITE 117 BOCA RATON, FL 33487 |

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|--------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 765 MALLARD DRIVE | | 26 765 MALLARD DRIVE | | 06/12/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 DELRAY BEACH, FLORIDA | | 28 DELRAY BEACH, FLORIDA | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 33444-2026 | | 29 33444-2026 | | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| 25 USA | | 30 USA | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

SCHWARTZ, NATHAN A.P.A.
5255 NORTH FEDERAL HIGHWAY
THIRD FLOOR
BOCA RATON, FL 33487 USA

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 person required and to be applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---------------------------------|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| <input type="checkbox"/> DELETE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | D | 11 TITLE | D |
| NAME | PENNER, PETER G | 12 NAME | PENNER, PETER G |
| STREET ADDRESS | 7491 NORTH FEDERAL HIGHWAY, C-5, SUITE 11 | 13 STREET ADDRESS | 765 MALLARD DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33487 | 14 CITY-ST-ZIP | DELRAY BEACH, FL 33444-2026 USA |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-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; that I am authorized or have been empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: _____ PETER G. PENNER

Date 4/19/1998 561-265-0821

CR2E034 (10/97)