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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000056989**1. Corporation Name

E. COMMERCE INTERNET INC.

•			
Principal	Place	of Bu	ısiness

Mailing Address

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90106 009 \*\*\*158.75



10525 WYNDCLIFF DR ORLANDO FL 32817	10525 WYNDCLIFF DR ORLANDO FL 32817		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
				06/27/1997	,	<u>.</u>	
2. Principal Place of Business .	2a. Mailing Address			4. FEI Number		Applied For	
7457 Aloma Ave	26			59-3457946		Not Applicable	
Suite, Apt. #, etc. # 304	Suite, Apt. #, etc.		5. Certificate of Status Desired	+ \$8.75 Additional Fee Required			
City & State 23 Winter Park FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 32792 25 USA	Zip Cc 29 30	ountry		This corporation owes the current year     Personal Property Tax.	Intangible Yes	No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name				
THOMPSON, DANIEL 10525 WYNDCLIFF DR		82	82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32817		83					
		84	City	•	· L	Zip Code	
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	502 and 607.1508, Florida Statutes, the te of Florida, Such change was authorized for the florida Statutes of Section 607.0505, Florida Statutes of Section 607.0505, Florida Statutes of Section 607.0505	ea by	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing pointment a	g its registered s registered	

agent. I a	m familiar with, and accept the obligations of, Section 607.050	05, Florida Statutes.	, ,	-	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating)	DATE	<del></del>
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
TITLE	DPTS DELE	TE 1.1 TITLE		Change	☐ Addition
NAME	THOMPSON, DANIEL	1.2 NAME			
STREET ADDRESS	10525 WYNDCLIFF DR	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP			·-··
TITLE	DV DELE	TE 2.1 TITLE		☐ Change	Addition
NAME	LEWIS, SHIRLI	2.2 NAME			,
STREET ADDRESS	2224 EASTBROOK BLVD	2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP			
TITLE	D DELE	TE 3.1 TITLE		☐ Change	☐ Addition
NAME	LEWIS, RAYMOND F	3.2 NAME			
STREET ADDRESS	1437 N. ATLANTIC AVE, SUITE 403	3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118	3.4. CITY-ST-ZIP			
TITLE	☐ DELI	ETE 4,1 TITLE	D/V	☐ Change	Addition
NAME		4. 2 NAME	Anthony Leyrer		
STREET ADDRESS		4.3 STREET ADDRESS	1673 SKIRKMAN Road		
CITY-ST-ZIP		4,4 CITY-ST-ZIP	Orlando FL 3281	<u> </u>	
TITLE	□ DELE	S.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u> </u>	
TITLE	□ DEL	ETE 6,1 TITLE		Change	Addition
NAME COST	Part 1 TO L	6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS	<u> </u>		
CITY-ST-ZIP		6,4 CITY-ST-ZIP			
	att the the information available with this filing done not gu	alife for the exemption states	d in Section 110 07/3\/i\ Florida Statutes	I further certify that the in	tormation

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 number 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 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, with all other like empowered.

SIGNATURE: