

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059713 (2)  
1. Corporation Name

INTERNET TRADER INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 102 State Road 13		26 P.O. Box 23279		07/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Unit #3		27		59-3456354	
City & State		City & State		Applied For	
23 Jacksonville, FL		28 Jacksonville, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32259		29 32241		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A.		30 U.S.A.		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5.00 May Be Added to Fees	
Arnold D. Tritt, Jr.		81 Name		8. This corporation owes or has paid the current year Intangible	
2236 St. Johns Avenue, Suite 100		82 Street Address (P.O. Box Number is Not Acceptable)		Personal Property Tax due June 30.	
Jacksonville, FL 32204		83		Yes No	
		84 City			
		FL			
		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 registered agent when applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	Margettes, Brian E.	1.2 NAME	Kuester, Kenneth Paul
STREET ADDRESS	Route 1 Box 891	1.3 STREET ADDRESS	2167 W. 18th St.
CITY-ST-ZIP	Lawley, FL 32058	1.4 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE		2.1 TITLE	D
NAME		2.2 NAME	Kuester, Kenneth Paul
STREET ADDRESS		2.3 STREET ADDRESS	2167 W. 18th St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE		3.1 TITLE	V
NAME		3.2 NAME	Margettes, Brian E.
STREET ADDRESS		3.3 STREET ADDRESS	Route 1 Box 891
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lawley, FL 32058
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(j), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)