

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 # **P97000061141**

1. Corporation Name

ATN INTERNET SOLUTIONS, INC.

Principal Place of Business

**1115 CAMELLIA CIR
WESTON FL 33326
US**

Mailing Address

**1115 CAMELLIA CIR
WESTON FL 33326
US**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90116 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1997

4. FEI Number

56-5843733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2533 GOLF VIEW DR.

2a. Mailing Address

26 2533 GOLF VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WESTON, FL

City & State

28 WESTON, FL

Zip

24 33327

Country

25 US

Zip

29 33327

Country

30 US

9. Name and Address of Current Registered Agent

**SCHUBERT, VINCENT K
1115 CAMELLIA CIR
WESTON FL 33326**

10. Name and Address of New Registered Agent

81 Name

SCHUBERT, VINCENT K

82 Street Address (P.O. Box Number is Not Acceptable)

2533 GOLF VIEW DR.

83

84 City

WESTON

FL

85 Zip Code

33327

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ DELETE
NAME **VINCENT SCHUBERT**
STREET ADDRESS **1115 CAMELLIA CIR**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PTS
VINCENT SCHUBERT
2533 GOLF VIEW DR.
WESTON, FL 33327

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 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:

VINCENT SCHUBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/30/99** Daytime Phone #

(954) 349-6355

CR2E034 (11/98)