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 # **P97000061403**1. Corporation Name

TALLAHASSEE ONLINE TECHNOLOGIES, INC.

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Principal Place of Business Mailing Address										ed Abito Briton	# 1 W 1 1 W 1 W		,
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									3. Date Incorporated or Qualifed 07/15/1997				
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2. Principal Place of Business				2a. Mailing Address					NOT APPLICABLE		H		Applicable
21				26 Suite, Apt. #, etc.					NOT AFFLICABLE		\$8.7		Iditional
Suite, Apt. #, etc.									5. Certifcate of Status Desired		•	Requ	
22 City & State				27 City & State					6. Election Campaign Financing		\$5	<u> </u>	tay Be
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Zip Country				Zip Country					8. This corporation owes the curr	ent vear Int			
24	[25]			30				Personal Property Tax.				JNo	
24	t	and Address of Curr	ent Regi:	stered Agent	100,				10. Name and Address of New I	Registered	Agent		
	<u> </u>					81	Name	э			-		
FITZGERALD, E MICHELLE					82 Street Addr					-1-1-1			
7801 THORNHILL LANE							Stree	t Addres	ss (P.O. Box Number is Not Accepta	ibie)			
TALI	AHASSEE	FL 32312				83	-						
						84	City			FL	85 2	Zip Co	e)de
-44=Dumunat	to the provin	ions of Sections 607.0	502 and 6	S07-1508 -Florida Statut	les the	hove	a-name	d.como	ration submits this statement for the		changing	a its m	egistered
office or r	egistered age	ent, or both, in the Sta	te of Flori	da. Such change was a	uthorize	d by	the cor	poration	ration submits this statement for the	of the appor	ntment a	s regi	stered ====
agent. I a	m familiar wi	th, and accept the obli	gations o	f, Section 607.0505, Flo	onda Sta	tutes	-						1
SIGNATURE	50	or printed name of registered a	agent and this	d applicable /NOTE	- Registere	d Agen	nt evanature	e required y	when reinstating)	DATE			(
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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.

6.4 CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90083 015 ***150.00