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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700062841 (6)

INTERNET-PI-COM, CORPORATION

FILED Apr 24 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
5311 SUMMERLIN RD. #11 5311 SUMMERLIN RD. #11		·		
FT MYERS FL 33919-7667 FT MYERS FL 33919-7667			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			07/16/1997	
2. Principal Place of Business	2a. Mailing Address	es) and	4. FEI Number 07/0988 }	Applied For
21 6401 S. Westshore Alw.	26 640 5. Wests	Jahr Riage	63 646488 f	Not Applicable
Suite, Apt. #, etc.	27 50: the 616		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 TAMBA, FL	28 TAMPA, FL		Trust Fund Contribution	Added to Fees
Zip Country	Zιρ	Country	8. This corporation owes or has paid the cu	
24 33616-1387 25 USA	29 33616-1387 3	م الك وم		Yes No
g. Name and Address of Curren	t Registered Agent	Od Name	10. Name and Address of New Registered	Agent
HENSEL, WILLIAM U IV		81 Name	ENSEL, William U. IV	
5311 SUMMERLIN RD, #11		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
FT MYERS FL 33919-7687		63 0 1-	1 S. Westshore Block	*****
		°° Suit:	a 616	
		84 City	emps Fi	85 Zip Code 3,36/6-/38-7
207.050	2 and COT 4509. Florido Past dos			
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 agont, 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 amilia/yith, and accept the obliga	dions of, Section 607.0505, Flori	da Statutes. 4. 仏、Hensez	TIT Hand land	
SIGNATURE Signature, typed or printed name of agriclered ago		Registered Agent signature require	, - <u>, , , , , , , , , , , , , , , , , ,</u>	2 0 1998
12. OFFICERS AND	. <u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE LICE PRESIDENT	DELETE	1.1 TITLE		Change Addition
HAME SIGVIL E. TIDM-RE		1.2 NAME		
STREET ADDRESS 3809 W. C-NEND ST.		1,3 STREET ADDRESS		
CITY-ST-ZIP TAMPA, FL 33629		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	L_ DELETE	4.1 TITLE		C. Change C. Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - S1 - ZIP	DELETE	4.4 CHTY - ST - ZIP 5.1 TITLE		Change Addition
TITLE	La VICEIL			
NAME STORES ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS				
CITY - ST - ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 THLE		Change Addition
TITLE	LJ DECETE	6.2 NAME		
NAME		6.3 STREET ADDRESS		
STREET ADDRESS		6.3 STREET ADDRESS		
14. I hereby certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. I hereby certify that the information supplied with this fifing 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 requirement or the requirement or the requirement of the corporation or the requirement or on any that made appears in Block 12 or Block 13 if changing or on any that ment address.

CIGNATIES.

William U. Henser W. BRESIDER 2 0 1998

839-1770