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

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90284 006 ***158.75

DOCUMENT #	D07000004004
1. Corporation Name	P97000064201

WEB COMPUTERS CORP.

Principal Place of Business						
12253 PAKOTA WDS	LANE					
ORLANDO FL 32824						

Mailing Address

1970 E. OSCEOLA PKWY

KISSIMMEE FL 32824



DO NOT WRITE IN THIS SPACE

	US			3. Date Incorporated or Qualifed		
				07/24/1997		
// -1 -	ace of Business 2a. Mailing Ac	Idress	and Dha	4. FEI Number	Applied For Not Applicable	
21 14 [E. Oscaola Play26 1470	#, etc.	ceola Play	59-3458724	8.75 Additional	
Suite, Apt.	27 247	<u> </u>		5. Certificate of Status Desired	Fee Required	
City & State	immee FL 28 Kiss	io SIMMere	FL		55.00 May Be Added to Fees	
Zip Country Country 21 Zip USA Zip USA 25 USA 29 Zip U 7 43 30 USA 8. This corporation owes the current year Intangible Personal Property Tax. Yes Zino						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name						
repsis, steve			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	9 S ORANGE BLOSSOM TRAIL		Sureer Address (1.0. Box Mained to Not Acceptable)			
ORL	ANDO FL 32837		83			
			84 City	85	Zip Code	
				FL (
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Flogistered agent, or both, in the State of Florida, Such ch	orida Statutes, th	e above-named corporation	pration submits this statement for the purpose of char in's board of directors. I hereby accept the appointme	nging its registered nt as registered	
office or re agent. I a	n familiar with, and accept the obligations of, Section 60	7.0505, Florida S	Statutes.	10	m	
SIGNATURE	Steve Revois		XVI	Apr	27 11	
	Signature, typed or printed name of registered agent and title if applicable.	<u>-</u>	tered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 12	
TITLE	OFFICERS AND DIRECTORS P		13.		Change	
	r		I.2 NAME		_ ;	
NAME	REPSIS, STEVE 12319 S. ORANGE BLSM TR.	1	.3 STREET ADDRESS		} {	
STREET ADDRESS	ORLANDO FL 32824		I.4 CITY-ST-ZIP		ן :	
CITY-ST-ZIP			2.1 TITLE		Change	
NAME	REPSIS, SABINE		2.2 NAME			
STREET ADORESS	12319 S. ORANGE BLSM TR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824	2	2. 4 CITY-ST-ZIP			
TITLE	CHENIO TE GEGET		3.1 TITLE		Change	
NAME		3	3.2 NAME			
STREET ADDRESS		3	3.3 STREET ADDRESS			
CITY-ST-ZIP		3	3.4. CITY-ST-ZIP			
TITLE		DELETE 4	4.1 TITLE		Change	
NAME		4	4. 2 NAME			
STREET ADDRESS		1 4	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Ohanna D Addison	
TITLE			5.1 TITLE	U	Change	
NAME			5.2 NAME		ļ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
TITLE	Ĺ	DELLE	5.1 IIILE 5.2 NAME	(1	Change	
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)(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 signatures fall 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: