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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070674 (1)

FLORIDA FUN NET, INC.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		C : \$0:1000 115 \$110 \$81; 4831 \$821 \$8	ris moter ionsi worten ustit innts usag tadil
960 40TH AVE. N.	P.O. BOX 7334			
ST. PETE. FL 33703	ST. PETE. FL 33734		DO NOT WRITE	IN THIS SPACE
<u> </u>			3. Date Incorporated or Qualified	. II THO GI AGE
			08/14/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3466090	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24 25		30	Personal Property Tax due June	
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent				
Burgess, Steele H		81 Name		
960 40TH AVE. N.		82 Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
ST. PETE. FL 33703		<u> </u>	-	
		83		
		84 City		85 Zip Code
 Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	2 and 607.1508, Florida Statutes	s, the above-named corporati	oration submits this statement for the p	urpose of changing its registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutes.	on's board of directors, I hereby accep	or the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agen		Registered Agent signature require		DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE SECRETARY - TREASO	DELETE	1.1 TITLE		Change Addition
NAME THOMAS BURGESS, STREET ADDRESS 960 40 \$ AUE. N		1.2 NAME		
STREET ADDRESS 760 76 F F 7	700 B	1.3 STREET ADDRESS		
CITY-ST-ZIP ST. PETE FL 3.	3702	1.4 CITY-ST-ZIP		
12 12 12 mmmmm 12 17 11 12 15	-sc L DELETE	2.1 TITLE		☐ Change ☐ Addition
100 m and 100 m also		2.2 NAME		ļ
n- n- n- n	~ 7	2.3 STREET ADDRESS		
		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY - ST - ZiP	- I or or	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change 🗌 Addition
NAME	•	4. 2 NAME		i
STREET ADDRESS		4.3 STREET ADDRESS		ţ
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		a de la companya de l
CITY-ST-ZIP	3	5.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	this filing does not qualify for t	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. Li	urther certify that the information

nal 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 ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

1-24-95 (813) 522-1312