## 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** 

## **FILED** May 13 1998 8:00am Secretary of State

P97000073594 (8) DOCUMENT # THE WEB GROUP, INC. Principal Place of Business Mailing Address 1324 WEST PLUM STREET 1324 WEST PLUM STREET WEST FERNANDINA BEACH FL 32034 WEST FERNANDINA BEACH FL 32034 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Žip Žιρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 Zip Code 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition **PSTD** TITLE 1.1 TITLE BROWN, WALTER E NAME 1.2 NAME 1324 WEST PLUM STREET STREET ADDRESS 1.3 STREET ADDRESS WEST FERNANDINA BEACH FL 32034 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation has a Block 12 or Block 13 if chapter to ap a ind will this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information about a more proposed in the second statutes and that my signature shall have the same legal effect as if made under oath, that I am an ereceiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a staggment with fan address.

SIGNATURE: