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 # **P97000079032** 1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

US CITY NET, INC.

	 							1818 18111 881 <i>1</i>	
Principal Plac	e of Business	Mailing A	\ddress						
	EDERAL HIGHWAY		RTH FEDERAL HK	GHWAY					
SUITE 402A			SUITE 402A				DO NOT WRITE IN THIS	SPACE	
ft. Lauderda	LE FL 33308	FT. LAUU	FT. LAUDERDALE FL 33308				3. Date Incorporated or Qualifed		
							09/12/1997		
2 Principal F	Place of Business	2n Mailin	ng Address				4. FEI Number	- T F	Applied For
Z. Principari	race of pusifiess	26	ng Addiess				65-0780561		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additio		
Suite, Apt. #, etc.							5. Certificate of Status Desired		Required
City & Sta	te		& State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year Inta	ingible	
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered	Agent				10. Name and Address of New Registered	Agent	
					81	Name			_
	NACO, PHYLLIS J				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	1 NORTH FEDERAL HIGHWAY					Oli COL Madie	cos (i io: dox frames) is rick, isospiasis,		
SUITE 402A					83				
FT.	LAUDERDALE FL 33308						· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					84	City	· FL	85 ZIP	Code
SIGNATURE	Signature, typed or printed name of registered a				Agent	signature required	d when reinstating) DATE	D DIDECT	ODC IN 12
12.		AND DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSDT		DELETE	1.1 Ti	ΠE			Сhапде	Addition
NAME .	MONACO, PHYLLIS J			1.2 N	AME	}			
STREET ADDRESS		HWAY		1.3 5	TREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			_	TY-ST	-ZIP			
TITLE			DELETE	2.1 TI		}		☐ Change	Addition
NAME				2.2 N	AME				
STREET ADDRESS		5	_			ADDRESS	بمعصيتين المحادية الباياء والتبايي		
CITY-ST-ZIP				_	ITY-ST	T-ZIP	`	Change	Additi
TITLE		الرازات والمراضية	☐ DELETE	3.1 T					
NAME	1 - 1 - 1			3.2 N					
STREET ADDRESS	5					ADDRESS			
CITY-ST-ZIP			DELETE	_	:ITY-\$1	T-ZIP		☐ Change	e
TITLE			☐ DELETE	4.1 77		{			
NAME				4.21	_]			
STREET ADDRESS						ADDRESS			•
CITY-ST-ZIP			DELETE		TY-ST	r-ZIP		Change	Additi
TITLE			L. VELETE	5.1 TI 5.2 N					
NAME						ADDRESS			
STREET ADDRESS	S				TY-ST	1	·		
CITY-ST-ZIP			☐ DELETE	6.1 T		-217		Change	Additio
TITLE									

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, of or amattachment with an address, with all other like empowered. **SIGNATURE:**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90156 036 ***150.00