## 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 05, 1999 8:00 am Secretary of State

05-05-1999 90159 031 \*\*\*150.00

## DOCUMENT # **P97000080217**1. Corporation Name

SOUTH FLORIDA INTERNET PUBLISHING, INC.

Principal Place of Business	Mailing Address
662 SO MILITARY TRAIL DEERFIELD BEACH FL 33442	662 SO MILITARY TRAIL DEERFIELD BEACH FL 33442

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662 SO MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442		42	\			DO NOT WRITE IN THIS	SPAC	:E		
					1		3.	Date Incorporated or Qualifed 09/15/1997		
2. Principal Plac	ce of Business	2a	. Mailing Address				4.	FEI Number		Applied For
21	•	26	- -				65-0784502	ĺ.	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State							5.00 May Be dded to Fees	
Zip	Country		Zip Country		8. This corporation owes the current year Intangible					
24	25	29		30				Personal Property Tax.	Z <b>X</b> Ye	es □No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			<u>~</u>	8	31	Name				
SHEFT	TER, AARON			L						
662 SO MILITARY TRAIL		8	32	Street Addre	ess (P	O. Box Number is Not Acceptable)				
		8	33							
	·				34			FI	85	Zip Code
office or rec	the provisions of Sections 607.05 pistered agent, or both, in the State familiar with, and accept the oblig	of Flori	ida. Such change was at	uthorized t	by 1	ine corporatio	ratior n's bo	n submits this statement for the purpose opend of directors. I hereby accept the appoint	f chang intment	ing its registered as registered
SIGNATURE										
SI	ignature, typed or printed name of registered ag				gent	t signature required				
12	OFFICERS A	ND DIR	ECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIR	AECTORS IN 12

SIGNATURE				positived when reinstating) DATE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re		DIRECTOR	C IN 12
12.	OFFICERS AND DIRECTORS	,	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	DELETE	1.1 TITLE	L	Change	Addition
NAME	SHEFTER, AARON		1.2 NAME			
STREET ADDRESS	662 SO MILITARY TRAIL		1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	L	Change	Addition
NAME	MCCONNEL, MARK		2.2 NAME			
STREET ADDRESS	662 SO MILITARY TRAIL		2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	31 TITLE	L	_ Change	☐ Addition
NAME	vogel, kurt		3.2 NAME			
STREET ADDRESS	662 SO MILITARY TRAIL		3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
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			<del></del>
TITLE		DELETE	6.1 TITLE	[	Change	☐ Addition
NAME			6.2 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 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 nucleic 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 an address with an address.

**SIGNATURE:**