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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000086129 (8)

INTERNET MARKETING 1, INC.

Principal Place of Business Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



i ililolpai i lav	o or Dosinoss	Mailing Address					
4709 ORANGE RIVER LOOP RD. FORT MYERS FL		4709 ORANGE RIVER LOOP RD. FORT MYERS FL		DO NOT WRITE IN TH	S SPACE		
					3. Date Incorporated or Qualified		
					'.		
- B	N10				10/03/1997	1 1:	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
<u>21 62/-</u>	-5 PONDELLA RD.	26			65 079 2359		lot Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional
22		27			S. Commodite of States Seamed	Fee F	Required
City & Stat	le .	City & State			6. Election Campaign Financing	\$5.00	May Be
23 N. Fo.	RT MVERS, FLORIDA	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	гу	This corporation owes or has paid the control of the corporation owes or has paid the corporation of the corporation	urrent vear fr	ntangible
24 339	4 33903 25 USA 29				Personal Property Tax due June 30.		□No
	g. Name and Address of Current		30		10. Name and Address of New Registers	d Agent	
04			8	1 Name			
	LI, LOUIS						
4709 ORANGE RIVER LOOP RD.			8	2 Street	Address (P.O. Box Number is Not Acceptable)	_	
FO	RT MYERS FL		L				
,			8	3			
			ē	4 City	·	85 Zip	Code
			ľ	7 010	F		Code
11. Pursuant	to the provisions of Sections 607.0502	and 607, 1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the purpose		its registered
office or r	registered agent, or both, in the State c am fami liar with, and accept the obligat	of Florida. Such change was a	authorized :	by the cor	poration's board of directors. I hereby accept the a	opointment a	s registered
agentia	an raminar with, and accupt the oblight	ions of, Section 607.0505, Fid	inda Statul	es.			
SIGNATURE		(107)	. 6		e required when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND			geni signatur	 	UD DIOCOTO	DO 41.40
12.		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	STP	peter	1.1 TITLE		s _T	Est Criange	L Kudilloli
NAME	SALI, LOUIS	_	1.2 NAM	E			
STREET ADDRESS	4709 ORANGE RIVER LOOP R	D.	1.3 STRE	et address			
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY	- S1 - ZIP			
TITLE		DELETE	2.1 TITLE		DIR. IV.P.	☐ Change	☐ Addition
NAME	ì		2.2 NAM	E	WILLIAM LAAKKONEN		Ì
STREET ADDRESS			23 STRE	ET ADDRESS			
	1				AL FART MUMB EL 23	das	
CITY-ST-Z#P	┿	DELETE	3.1 TITLE	-ST-ZIP	N. FORT MYERS, FL. 33	Change	Addition
TITLE	Į.	L Detter			(, , , , , , , , , , , , , , , , , , ,		
NAME			3.2 NAM	E	DONALD GAISER		
STREET ADDRESS			3.3 STRE	et address	15241 SAM SNEAD LN.		
CITY-ST-ZIP	•		3.4. CITY	- ST-ZIP	N. FORT MYERS, FL 33916		
TITLE		DELETE	4.1 TITLS			☐ Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS	Ι ,						
	ļ ·		4.3 CTDE	PRADDRESS.			
CITY-ST-ZIP	·			ET ADDRESS			
		□ na řtě	4.4 CITY	-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.4 CITY 5.1 TITLE	ST-ZIP		☐ Change	Addition
NAME		DELETE	5.1 THILL 5.2 NAM	-ST-ZIP		Change	Addition
		DELETE	5.1 THILL 5.2 NAM	ST-ZIP		☐ Change	Addition
NAME		☐ DELETE	5.1 THILL 5.2 NAM	-ST-ZIP E ET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAM 5.3 STRE	SI-ZIP ET ADDRESS -SI-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.4 CITY 5.1 THTLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 THTLE 6.2 NAM	ST-ZIP ET ADDRESS -ST-ZIP	t		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.4 CITY 5.1 THILL 5.2 NAM 5.3 STRE 5.4 CITY 6.1 THILE 6.2 NAM 6.3 STRE	E ET ADDRESS EST ADDRESS EST ADDRESS	· · ·		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM 6.3 STRE 6.4 CITY	E ET ADDRESS - SI - ZIP E ET ADDRESS - SI - ZIP E ET ADDRESS - SI - ZIP	ed in Section 119 07/3\f(i) Florida Statutes I further	☐ Change	Addition

indicated on this annual report or supplied with the information supplied with the information supplied with the information of the corporation of 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, or on an attachment with an address.

4/211/08