

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 17, 1999 8:00 am
Secretary of State

05-17-1999 90041 018 ***150.00

DOCUMENT #

1. Corporation Name

Internet Marketing 1, Inc.

Principal Place of Business

Mailing Address

4066 Evans Ave
Ste 23
Fort Myers FL 33

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1997

2. Principal Place of Business

2a. Mailing Address

21 4066 Evans Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 23

27

23 City & State
Fort Myers FL

28 City & State

24 Zip Country

29 Zip Country

33901 25 USA

30

4. FEI Number

65-00792359

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Louis Sali
4709 Orange River Loop
Fort Myers FL 33916

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME Gaiser, Donald
STREET ADDRESS 15241 Sam Sneed La
CITY-ST-ZIP Fort Myers FL 33903

1.1 TITLE P, S, T
1.2 NAME SALI, LOUIS
1.3 STREET ADDRESS 4709 Orange River Loop
1.4 CITY-ST-ZIP Fort Myers FL 33903

TITLE DVP
NAME Laakkonen, William
STREET ADDRESS 621-5 Pondella Road
CITY-ST-ZIP Fort Myers FL 33903

2.1 TITLE DVP
2.2 NAME Laakkonen, William
2.3 STREET ADDRESS 621-5 Pondella Rd
2.4 CITY-ST-ZIP Fort Myers FL 33903

TITLE DVP
NAME Laakkonen, William
STREET ADDRESS 621-5 Pondella Road
CITY-ST-ZIP Fort Myers FL 33903

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

William Laakkonen

4/30/99 991-9936-5761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)