


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0011453

FILED

Sep 14, 1999 8:00 am  
Secretary of State

09-14-1999 90003 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000088278</b>					
1. Corporation Name <b>INLINE CORPORATE MARKETING, INC.</b>					
Principal Place of Business <del>380 SOUTH STATE ROAD 434</del> <del>SUITE 1004-273</del> ALTAMONTE SPRINGS FL 32714			Mailing Address <del>380 SOUTH STATE ROAD 434</del> <del>SUITE 1004-273</del> ALTAMONTE SPRINGS FL 32714		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>998 DOUGLAS AVE</b>		2a. Mailing Address 26 <b>998 DOUGLAS AVE</b>		3. Date Incorporated or Qualified <b>10/13/1997</b>	
Suite, Apt. #, etc. 22 <b>SUITE 102</b>		Suite, Apt. # etc. 27 <b>Same</b>		4. FEI Number <b>59-3474505</b>	
City & State 23 <b>Altamonte Spgs, FL</b>		City & State 28 <b>Same</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32714</b>		Zip 29 <b>32714</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SIRAGUSA, LORI A</b> <del>380 SOUTH STATE ROAD 434</del> <del>SUITE 1004-273</del> ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent 81 Name <b>SIRAGUSA, LORI A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>998 DOUGLAS AVE., SUITE 102</b> 83 84 City <b>ALTAMONTE SPRINGS FL</b> 85 Zip Code <b>32714</b>	

1. 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

*Lori A. Siragusa*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Sept 9, 99*

1. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1.2 NAME	<b>SIRAGUSA, LORI A.</b>
1.3 STREET ADDRESS		1.3 STREET ADDRESS	<b>998 DOUGLAS AVE, SUITE 102</b>
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 dictated 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.

SIGNATURE:

*Lori A. Siragusa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sept 9, 99 (407) 865-6421*

CR2E034 (5/99)



**inline**  
i n n o v a t i o n s

*Marketing Communications for the Software Industry*

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Altamonte Springs, FL 32714  
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September 9, 1999

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614902-90003-1

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Katherine Harris  
Secretary of State

Dear Ms. Harris:

Enclosed please find the back page of your packet entitled, "1999 Profit Corporation Annual Report" which contains the incorrect address for Inline Corporate Marketing, Inc. Due to this discrepancy, this packet did not reach my desk until this week. After phoning your office, I was instructed to enclose the original filing fee of \$150.00 for my annual report along with this letter of explanation.

If you have any further questions regarding this matter, please don't hesitate to contact the undersigned.

Very truly yours,

Lori Siragusa – Owner  
Inline Corporate Marketing, Inc.

Enclosures