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

STREET ADDRESS

CITY-ST-ZIP

**FILED** May 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P97000097565 (0) **DOCUMENT #** WEBNET 2000, INC. Principal Place of Business Mailing Address 962 GREENWOOD ROAD WESTON FL 33327 962 GREENWOOD ROAD WESTON FL 33327 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1997 2. Principal Place of Business 2a. Mading Address Applied For Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔲 Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **AMERILAWYER** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 Zip Code 84 City 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, type directmented name of long-to-odia pertial at title it applicant (NOTE Hogistored Agent's greature required when reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE 1.1 71716 TITLE HERMAN, MARK F 1.2 NAME NAME 962 GREENWOOD ROAD STREET ADDRESS 1.3 STREET ADDRESS WESTON FL 33327 1.4 CITY - S1 - ZIP City-St-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CI1Y-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/80/98

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 suppliemental annual report is frue 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