

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000107961 (9)**

1. Corporation Name  
**AMERENET, INC.**



Principal Place of Business <b>7605 PISSARRO DRIVE SUITE 108 ORLANDO FL 32819</b>	Mailing Address <b>7605 PISSARRO DRIVE SUITE 108 ORLANDO FL 32819</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7605 PISSARRO DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE # 108</b> City & State 23 <b>ORLANDO, FL</b> Zip 24 <b>32819</b>		2a. Mailing Address 26 <b>7605 PISSARRO DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE # 108</b> City & State 28 <b>ORLANDO, FL</b> Zip 29 <b>32819</b>		3. Date Incorporated or Qualified <b>12/23/1997</b>	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>593483977</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVIS, THOMAS J JR.  
1401 KIMDALE STREET  
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 **THOMAS DAVIS J. JR.**

Signature: typed or printed name of registered agent and first applicable

(Not if Registered Agent signature required when reinstating)

**4/20/98**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CHAIRMAN</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PETER G. SCHUSTER</b>	1.2 NAME		
STREET ADDRESS <b>7605 PISSARRO DRIVE SUITE#108</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	1.4 CITY-ST-ZIP		
TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>JAMES P. FLEMING</b>	2.2 NAME		
STREET ADDRESS <b>536 WHISPERING WIND BEND</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP <b>LEHIGH ACRES, FL 33936</b>	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

**JAMES P. FLEMING**  
**3126106**

CR2E034 (10/97)