1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000001899

WEB EXCHANGE, INC.

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90005 046 \*\*\*150.00



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Principal Place of Business Mailing Address						- I (BD)1991 tib 1610) yanti adini 90tit adini 99101 sibat ibiti anti 1911.	
12219 N.W. 35TH ST. CORAL SPRINGS FL 33065		12219 N.W. 35TH ST. CORAL SPRINGS FL 33065					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
e , 11						01/08/1998	
2. Principal Place of Business 2a. Mailing Address				Didne Deden		4, FEI Number Applied For Not Applicable	
21 1440 Coral Ridge Drive26 1440 Coral				Ridge Drive		7e 65-0811592   Not Applicable   <b>\$8.75</b> Additional	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27 Suite 360						5. Certificate of Status Desired Fee Required	
22 Suite 360   27 Suite 360 - City & State   City & State							
			ngs Florida		 : 45	6. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution Added to Fees	
23 Coral Springs Florida 28 Coral Spring Zip Country Zip			Country		<u>.r.u.a</u>	8. This corporation owes the current year Intangible	
		□	30 Broward			Personal Property Tax. X Yes No	
24 3307	9 Name and Address of Current F	<u>                                   </u>		7 11 (4.11	<u> </u>	10. Name and Address of New Registered Agent	
	5. Hame and realists of surface.	togioto va rigani	81	Name	<del></del>	70,	
Gurin, Robert							
1221	9 N.W. 35TH ST.		82 Street Ad			ress (P.O. Box Number is Not Acceptable)	
COR	AL SPRINGS FL 33065		83	3			
	•	_					
			84	City		FL 85 Zip Code	
agent. I a SIGNATURE	m familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	Statute	s.		on's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ?	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	Gurin, Robert		1.2 NAME				
STREET ADDRESS	12219 N.W. 35TH ST.		1.3 STREE	ET ADDRES	s	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TTLE			☐ Change ☐ Addition	
NAME	<u>.</u>		2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRES	s		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		1	Change Addition	
NAME		·	3.2 NAME			. <del>.</del>	
STREET ADDRESS		• •	3.3 STRE	ET ADORES	s `	•	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	↓		
TITLE		☐ DELETE	4.1 TITLE		1	☐ Change ☐ Addition	
NAME		1	4. 2 NAME	•			
STREET ADDRESS	•	1	4.3 STRE	ET ADDRES	s		
CITY-ST-ZIP			4.4 CITY-		┷		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS		1		ET ADDRÉS	s		
CITY-ST-ZIP	·		5.4 CITY-		4		
TITLE		□ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME			· •	
STREET AINDRESS	l		6.3 STRE	ET ADDRES	১	·	

6.4 CITY-ST-ZIP 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: Robert Schrift TURB RELEASE