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

DOCUMENT # P98000022766

AMERICAN INTERNET MARKETING, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90149 045 ***150.00



Principal Place of Business Mailing Address							* 1981(88) 118 (818) 18(11 88)	.,		
2598 PACES FERRY ROAD NORTH 2598 PACES FERRY ROAD NO ORANGE PARK FL 32073 ORANGE PARK FL 32073							DO NOT	WRITE IN THIS	SPACE	
							 Date Incorporated or Qual 03/11/1998 	ifed		
<u> </u>	ace of Business	2a.	Mailing Address	_			4. FEI Number 59-350	2761	<u> </u>	oplied For ot Applicable
Suite, Apt.	# atc		Suite, Apt. #, etc.					_		Additional
22 Suite, Apr.	#, etc.	27				<u> </u>	5. Certificate of Status Desire	ed 🗆	Fee Re	equired
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	7	Zip	Cot	intry		8. This corporation owes the	current year Inf	angible	
24	25	29		30			Personal Property Tax.		Yes	ZNO
	9. Name and Address of Curr	ent Registe	red Agent		L		10. Name and Address of N	w Registered	Agent	
ARAC	RILAWYER				81	Name -	JAMES C. C	9'Bet	IN.	
343 ALMERIA AVENUE					82	Street Addre	ess (P.O Box Number is Not Acc	eptable) Ro	Qe NI	
COR	AL GABLES FL 33134				83		7.3.	-		
}					84	City D A	Angs lock	F!	85 Zio!	Code 7
dd Discourant	to the provisions of Sections 607.0	503 and 60	7 1508 Florida Stat	tutes the s	hovi	-named como	oration submits this statement for	the purpose of	changing its	registered
nffice or r	enistered anguinor both in the Stat	e of Florida	. Such change was	authorize	va b	the corporatio	n's board of directors. I hereby a	ccept the appoi	intment as re	gistered
agent. I a	m familiar with, and accept the obli	gations of S	Section 607.0505, F	forida Stat	utes	•		//</td <td>7 /9G</td> <td>•</td>	7 /9G	•
SIGNATURE	amed	1/50	april _	TE: Basistana	1 1 7 7 7	nt signature required	d when reinstation)	DATE	///	
	Signature sped or printed name of registered a OFFICERS		·	13.		it signature required	ADDITIONS/CHANGES TO	OFFICERS AL	ND DIRECTO	ORS IN 12
12. ΤΙΠ.Ε	PSTD	NO DINEC	☐ DELETE	1.1 1			1,001,101,010,101,010		Change	Addition
NAME	O'BRIAN, ALICE L		<u></u> ·	1.2 N						
STREET ADDRESS	2598 PACES FERRY ROAD N	IORTH				ADDRESS				Ì
) i	ORANGE PARK FL 32073			1	ITY-S	, , , , , , , , , , , , , , , , , , ,				ſ
CITY-ST-ZIP	Old Hotel Park LE GESTO		□ DELETE	2.1 T		·			☐ Change	☐ Addition
NAME				2.2 N	AME					
STREET ADDRESS						TADORESS				
i i						ST-ZIP				1
TITLE			DELETE	3.1 T				*, -	Change	Addition
NAME				3.2 N						
STREET ADDRESS				- 1		T ADDRESS				1
CITY-ST-ZIP						T-ZIP				
TITLE			DELETE	4.1 T	-		<u>. </u>		Change	☐ Addition
NAME					AME					Ì
STREET ADDRESS				B		T ADDRESS				{
CATY-ST-ZIP					ITY-S					
TITLE			☐ DELETE	5.1 T					Change	Addition
NAME				5.2 N	IAME					}
STREET ADDRESS				5.3 S	TREE	TADDRESS				
CITY-ST-ZIP				5.4 C	TY-S	T-ZIP				l
TITLE			☐ DELETE	6.17	ITLE				☐ Change	☐ Addition
NAME				6.2 N	AME	-		•		ļ
STREET ADDRESS				6.3 S	TREE	T ADDRESS				
CITY ST TIP				6.4 0	ITY-S	T-ZIP				Į

14. I hereby certify that the information supplied with this filing does not quality 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.