FILED Mar 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

QUICKNET COMMUNICATIONS, INC.

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Principal I	Place of Business	Mailing Address						•	
1418 WEST ORLANDO	VASSAR ST FL 32804	1418 WEST VASSAR ST ORLANDO FL 32904			DO NOT WRITE IN TI	IIS SPA	CE		
					3. Date Incorporated or Qualifed 03/16/1998				
2 Princip	al Place of Business	2a. Mailing Address			4. FEI Number		Ap	olied For	j
21		26			59-3497113		Not	Applicable	ĺ
Suite,	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 A Fee Ra	dditional quired	}
22 City &	State	_City & State			- 8. Election.Campaign.Financing	S	5.00	May Be	
23	- ·	28			Trust Fund Contribution		Added to	Fees	1
Zio	Country	Zip	Cour	ntry	8. This corporation owes, the current year	Intangib			
24	25	29	30		Personal Property Tax.	<u> </u>		□No	
<u> </u>	9. Name and Address of Cui				10. Name and Address of New Register	ed Agen	ıt		4
	1100110		$\neg \tau$	81 Name				1	l
	lberts, Joseph		- 1	82 Street Add	iress (P.O. Box Number is Not Acceptable)				1
1	418 WEST VASSAR ST			OT SUBBLINGO	ileas (F.O. DOX istuitibili is istor Acceptable)				1
	ORLANDO FL 32804		ł	83					}
		•		B4 City		65	Zip C	ode	ŀ
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	ant to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the ab	XOVE-PERMED COF	botation annuals ruis statement for the bothose	nointmei	ntas rec	istered	i
11. Pulsi	the Ct	ain of Florida, Such change was at	thorized	by the comorat	ion's board of directors. I hereby accept the ap				
office	or registered agent, or both, in the St	ate of Florida. Such change was au Higations of, Section 607.0505, Flor	ithorized ida Statu	by the corporatites.	ion's board of directors. I hereby accept the ap				ļ
,					poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	1/22	19	9_	
office agen SIGNATU	IRE A destorte			by the corporatites. Agent signature requir	ed when reinstating) OAYE	100	17	7-	8
,	Signyflure, types or branied name of registered	egeri and the if applicable. (NOTE: AND DIRECTORS	Registered /	Agent signature requir		AND DI	RECTO	7 RS IN 12	1/98)
SIGNATU	Significate, hyper or familied name of registered	Tagent and title if applicable. (NOTE:	Registered /	Agent signature requir	ed when reinstating) OAYE	AND DI	17	7-	(11/98)
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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 cath; that I am an officer or director of the corporation or the receiver or instee 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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS