


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

03-09-1999 90052 027 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000024618 | | | | | |
| 1. Corporation Name QUICKNET COMMUNICATIONS, INC. | | | | | |
| Principal Place of Business 1418 WEST VASSAR ST ORLANDO FL 32804 | | | Mailing Address 1418 WEST VASSAR ST ORLANDO FL 32804 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | |
| 3. Date Incorporated or Qualified 03/16/1998 | | | 4. FEI Number 59-3497113 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | Applied For Not Applicable | | |
| 6. Election Campaign Financing <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$5.00 May Be Added to Fees | | |
| 9. Name and Address of Current Registered Agent ALBERTS, JOSEPH 1418 WEST VASSAR ST ORLANDO FL 32804 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 <i>Joseph P. Alberts</i> DATE 2/22/99 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE CHAIRMAN NAME JOE ALBERTS STREET ADDRESS 1418 W. VASSAR ST. CITY-ST-ZIP ORLANDO, FL, 32804 | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE SECRETARY NAME NIAL POWER STREET ADDRESS 630 W. WINTER PK. ST CITY-ST-ZIP ORLANDO, FL, 32804 | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)