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

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90076 016 ***150.00

DOCUMENT # P98000038196 1. Corporation Name LOWER KEYS INTERNET ACCESS, INC. Principal Place of Business Mailing Address							
					-	14 ()10) (4(9) (IA)O	10140 0414 1004
1419 TRUMAN AVE. 1419 TRUMAN AVE.							
KEY WEST FL 33040 KEY WEST FL 33040							
					DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 04/28/1998		
Principal Place of Business 2a. Mailing Addres		2a. Mailing Address			4. FEI Number 79 112559		oplied For
21		26		43-0043031		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional equired
22 City & Stat	0		City & State		6. Election Campaign Financing		May Be
23			28		Trust Fund Contribution	Added	- 1
Zip	Country	Zìp	Country	y	8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.	∐Yes	No
	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
			81	Name			
KELLEY, ALBERT				Street Addr	ress (P.O. Box Number is Not Acceptable)		-
926 TRUMAN AVE.			82 Street A				
KEY	WEST FL 33040		83	3		•	
			84	City		. 85 Zip (Code
					oration submits this statement for the purpose		
SIGNATURE	m familiar with, and accept the oblig	gent and title if applicable (NOTE: t	Registered Age	ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS	AND DIRECTO	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P OTICE! QUENTIN	-			·	[] Change	
NAME	STIFEL, QUENTIN		1.2 NAME				
STREET ADDRESS	1419 TRUMAN AVE.			ET ADDRESS			1
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP			Change	Addition
TITLE	GRIFFITHS, STEVEN		2.1 TITLE 2.2 NAME				
NAME	AL ED OVERET OR				•		
STREET ADDRESS	KEY WEST FL 33040		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	T	T DELETE				Change	☐ Addition
NAME	STIFEL, KAREN		3.1 TITLE 3.2 NAME		يسيد شير السراياتي	. ~~.	~~~~
STREET ADDRESS	AL ED OILHET DD		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		3.4, CITY-	ST-ZIP			
TITLE	S □ DELETE		4.1 TITLE			Change	☐ Addition
NAME	GRIFFITHS, GRACIE			:			
STREET ADDRESS	24 ED SWIFT RD.			ET ADDRESS		•	
CITY-ST-ZIP	KEY WEST FL 33040			ST-ZIP			
TITLE	DELETE		5.1 TITLE	ı		Change	☐ Addition
NAME			52 NAME	1		:	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ NC: ET-	5.4 CITY-1			☐ Chores	☐ Addition
TITLE		☐ DELETE	6.2 NAME	1		Change	
NAME				ET ADDRESS			
STREET ADDRESS			6.4 CITY-	1			
CITY_ST_7IP	l .		0.4 UH T-	U1-71			1

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 pn an attachment with an address, with all other like empowered.

SIGNATURE: