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
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90001 033 ***158.75

DOCUMENT # P98000046623

1. Corporation Name

ALL AMERICA INTERNET, INC.

Principal Place of Business	Mailing Address
2905 N.W. 64TH AVENUE MARGATE FL 33063	2905 N.W. 64TH AVENUE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/26/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 440 E. Sample Rd	26 440 E. Sample Rd	65-0836681	Not Applicable
Suite, Apt. #, etc. 22 Suite 208	Suite, Apt, #, etc. 27 Suite 208	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23 Pompano Beach FL	City & State 28 Pompano Beach FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33064 25 Country USA	Zip 29 33064 30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
RICKETTS, THOMAS R 2905 N.W. 64TH AVENUE MARGATE FL 33063	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME RICKETTS, THOMAS R	1.2 NAME	
STREET ADDRESS 2905 N.W. 64TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063	1.4 CITY-ST-ZIP	
TITLE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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 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: _____   4/21/99   954-786-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #