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Secretary of State

03-01-1999 90009 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000059823**

1. Corporation Name

Online Notes, Inc.

Principal Place of Business

Mailing Address

5322 Shadywood Lane
Orlando FL
32819

P.O. Box 2011
Windermere, FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-98

2. Principal Place of Business

21 5322 Shadywood Ln.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32819

Country

25 Orange

2a. Mailing Address

26 PO Box 2011

Suite, Apt. #, etc.

27

City & State

28 Windermere, FL

Zip

29 34786

Country

30 Orange

4. FEI Number

59-352-1164

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

TITLE ☐ DELETE
NAME **Robert Sullivan**
STREET ADDRESS **32819**
CITY-ST-ZIP **5322 Shadywood Lane Orlando, FL**

TITLE ☐ DELETE
NAME **Vice-Pres.**
STREET ADDRESS **Margaret March Browlee**
CITY-ST-ZIP **5511 Osprey Isle Lane**
Orlando FL 32819

TITLE ☐ DELETE
NAME **Secretary**
STREET ADDRESS **John Patten**
CITY-ST-ZIP **6730 Merlin Court**
Orlando, FL 32810

TITLE ☐ DELETE
NAME **Treasurer**
STREET ADDRESS **Anne Bouzoin**
CITY-ST-ZIP **P.O. Box 1327**
Windermere, FL 34786

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

407-226-9779

Date

Daytime Phone #

CR2E034 (1/98)