

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90170 015 ***158.75

DOCUMENT # P98000059942

1. Corporation Name
EZNET FINANCIAL CORPORATION



Principal Place of Business
3703 LAKE ORLANDO PARKWAY SOUTH
#12
ORLANDO FL 32808

Mailing Address
3703 LAKE ORLANDO PARKWAY SOUTH
#12
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|---|---|
| 2. Principal Place of Business 21 4409 PARKBREEZE CT Suite, Apt. #, etc. 22 City & State 23 ORLANDO FL Zip 24 32808 | 2a. Mailing Address 26 4409 PARKBREEZE CT Suite, Apt. #, etc. 27 City & State 28 ORLANDO FL Zip 29 32808 | 4. FEI Number 59-3522780 Applied For Not Applicable | 3. Date Incorporated or Qualified 06/26/1998 |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent NEENER, ROBERT E 3703 LAKE ORLANDO PARKWAY SOUTH #12 ORLANDO FL 32808 | 10. Name and Address of New Registered Agent 81 Name ROBERT E NEENER 82 Street Address (P.O. Box Number is Not Acceptable) 4409 PARKBREEZE CT 83 84 City ORLANDO FL 85 Zip Code 32808 |
|---|---|

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 ROBERT E NEENER DATE 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEENER, ROBERT E | 1.2 NAME | ROBERT E NEENER |
| STREET ADDRESS | 3703-12 LAKE ORLANDO PARKWAY S. | 1.3 STREET ADDRESS | 4409 PARKBREEZE CT |
| CITY-ST-ZIP | ORLANDO FL 32808 | 1.4 CITY-ST-ZIP | ORLANDO FL 32808 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RONALD I. ROWE | 2.2 NAME | |
| STREET ADDRESS | 4409 PARKBREEZE CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32808 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT E NEENER DATE 4/27/99 DAYTIME PHONE # 407-521-6042
Signature and typed or printed name of signing officer or director

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CR2E034 (1/1/98)