

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90253 002 \*\*\*150.00

DOCUMENT # P98000059989  THE VIRTUAL HOST, INC.  Principal Place of Business  Mailing Address  5320 NW 49TH AVE. COCONUT CREEK FL 33073  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 07/06/1998  2. Principal Place of Business  2a. Mailing Address 2f  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  City & State  City & State  City & State  Country  Zip  Country  Railing Address  4. FEI Number  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Figure	\	1999	DIVISION OF CO	ORPORATIONS	05-06-1999 90253 002 ***150.0	00
Principal Place of Business  Mailing Address  \$300 NM 49TH AVE  COCONUT CREEK FL 33073  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/706/1988  2. Principal Place of Business  2a. Mailing Address  2a. Mailing Address  2a. Mailing Address  2b. Suite, Apt. 8, etc.  2c. City & State  2c. City & State  2c. City & State  2d. City & State  2d. Country  2d. Country  2d. Country  2d. Country  2d. Principal Place of Business  5 S. 00 May 8  5 S. 50 May 8	DOCUMENT # P98000059989  1. Corporation Name					
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2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 7/10/6/1938 2. Principal Place of Business 2. Mailing Address 3. A FEI Number 3. Suite, Apt. #, etc. 3. City & State 3. Country 3. Date on Country 3. This corporation over the current year Integlible Personal Property Tax. 3. This corporation over the current year Integlible Personal Property Tax. 3. Name and Address of Current Registered Agent 4. City & State 4. City & State 4. City & State 4. City & State 5. Certificate of Status Desired 5. S.O. May Be Added to Press Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Accep					OO NOT WIDITE IN THIS COACE	
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Zip Country Zip Country			28	<del></del>		
g. Name and Address of Current Registered Agent  PHAM, ROBIN D  \$22		Country	<u> </u>	<del>-</del>		
PHAM, ROBIN D 5320 MW 49TH AVE. COCONUT CREEK FL 33073  B1 Name    COCONUT CREEK FL 33073	24			<u>ol</u>	Teracrial Troperty	
5320 NW 49TH AVE. COCONUT CREEK FL 33073  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, an officing in the obligation's of Section 807.0508, Friorids Statutes.  SIGNATURE  SIGNATURE  Signature, trysted or princip area of registered agent, and formation and of registered agent. Statutes agent agent of the obligation's of Section 807.0508, Friorids Statutes.  (POTE Registered Agent agent or the remaissance)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME  PD DELETE  1.ITTLE  PLAMM, ROBIN D  STREET ADDRESS  CTV-ST-ZP  TIME  VSD DELETE  2.ITTME  VSD COCONUT CREEK FL 33073  TIME  VSD DELETE  2.ITTME  3.2 STREET ADDRESS  CTV-ST-ZP  TIME  VSD DELETE  3.1 STREET ADDRESS  CTV-ST-ZP  TIME  3.2 STREET ADDRESS  CTV-ST-ZP  3.4 CTV-ST-ZP  3.4 CTV-ST-ZP  3.4 CTV-ST-ZP  3.5 CARD-ST-ZP  3.5 STREET ADDRESS  CTV-ST-ZP  3.4 CTV-ST-ZP  3.5 STREET ADDRESS  CTV-ST-ZP  3.4 CTV-ST-ZP  3.5 STREET ADDRESS  4.5 STREET ADDRESS  CTV-ST-ZP  3.4 CTV-ST-ZP  3.5 STREET ADDRESS  CTV-ST-ZP  3.4 CTV-ST-ZP  3.5 STREET ADDRESS  4.5 STREET ADDRESS  4.5 STREET ADDRESS  CTV-ST-ZP  3.4 CTV-ST-ZP  3.5 STREET ADDRESS  4.5 STREET ADDRESS  3.5 STREET ADDRESS  4.5 STREE		g. Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Admess of New Registered Agent	
S320 NW 49TH AVE.  COCONUT CREEK FL 33073  83  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 registered agent, and registered agent agent and registered agent agen	PHAT	M, ROBIN D			(C.O. D. Al., havin Not Acceptable)	
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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.3 STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  VSD  DELETE  3.1 STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  DELETE  3.3 STREET ADDRESS  3.3 STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  INLE  STREET ADDRESS  CITY. 57. 2P  COCONUT CREEK FL 33073  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	5320	NW 49TH AVE.		82 Street Addre	ass (P.O. Box Number is Not Acceptable)	
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 agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and 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 obligation of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CTY-ST-ZP  TITLE  PD  DELETE  1.1 THE  DELETE  1.1 THE  DELETE  1.1 THE  Change  Addition	COC	ONUT CREEK FL 33073		83		
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 agent, and country in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and country in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and country in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and country in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and country in the state of Florida. Such change agent, and country in the state of Florida. Such change agent, and country in the state of Florida. Such change agent, and country in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and country in the appointment as registered agent, and country in the state of Florida. Such change agent, and country in the appointment as registered agent, and appointment and country in the appointment as registered.  12.				84 City	85 Zip Code	
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE  PHAM, ROBIN D  STREET ADDRESS  5320 NW 49TH AVE.  COCONUT CREEK FL 33073  TITLE VSD DELETE 2.1 TITLE  PHAM, KATHLEEN M  STREET ADDRESS  COTY, ST. ZP  COCONUT CREEK FL 33073  TITLE  PHAM, KATHLEEN M  STREET ADDRESS  COTY, ST. ZP  COCONUT CREEK FL 33073  DELETE 2.1 TITLE  STREET ADDRESS  COTY, ST. ZP  COCONUT CREEK FL 33073  DELETE 3.1 TITLE  AMME  STREET ADDRESS  COTY, ST. ZP  TITLE  STREET ADDRESS  COTY, ST. ZP  TITLE  AMME  STREET ADDRESS  COTY, ST. ZP  TITLE  AMME  STREET ADDRESS	agent. I a	m familiar with, and accept the oblig	ations of Section 607.0505, Florid	la Statutes. 〜&IAフ DHAん	1 04/20/99	
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14. Thereby 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 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 lightest on this applied proof or supplemental applied and accurate and that my slopating shall have the same legal effect as if made under gath; that I am an	14 I bereby ć	ertify that the information supplied w	ith this filing does not qualify for th	e exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	<u></u>

indicated on this annual report or supplemental annual report is true and accurate and matching signature shall have the same legal effect as it made under dain, that I am an officer or director of the corporation or the receiver or trustee empowered to evolute 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 OF PR

A CONTRACTOR OF THE CONTRACTOR