SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P98000061039

SOUTHEAST INTERNET, INC.

**FILED** Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90003 001 \*\*\*550.00

;·.	and the second						
Principal Place of Business Mailing Address					t imatinati tia ibint imiti matit datit datit ante atide tiati datin alian titla idit enat		
98 MIRACLE STRIP PKWY SE. #201 98 MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548 FORT WALTON BEACH F					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 07/09/1998	
2. Principal P	lace of Business	2a. Mailing	Address			4, FEi Number Applied For	
21		26	26			59-3531270 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					<del></del>	5. Certificate of Status Desired \$8.75 Additional	
22 27						Fee Required	
City & State	e	11	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	Country		Zip Country				
Zip	Country Zip		30	y	8. This corporation owes the current year Intangible Personal Property. Yes No		
24	25   29   36			1301	10. Name and Address of New Registered Agent		
<del></del> _	3. Harro and Addison V. Dane			8	1 Name		
	TH, JOHN R		•	<u> </u>	2 Street	Address (D.O. Doy Nimbos in Not Apportable)	
98 MIRACLE STRIP PKWY SE, #201				10	Street	Address (P.O. Box Number is Not Acceptable)	
FOF	RT WALTON BEACH FL 32548			8	3		
•				) <u>*</u>	4 City	as 7in Code	
				}	1	FL	
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						Use required when reinstating) DATE	
					Agent signatu	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	WALE DO SOCIE IN T		DELETE	1.1 TITLE		VICE President Change X Addition	
NAME	Fleder & Bordenen		MADELEIE	1.2 NAMI		Bernie Lefebre	
STREET ADDRESS	1/25 Elourater in	٨			ET ADDRESS	Hernie Leregore	
CITY-ST-ZIP	SAME ROSALEVA	八·		1.4 CITY		113 Virginia Dr Ft. Walton Bch, FL 32548	
TITLE	John Hosa locach,	<del></del>	DELETE	2.1 TITLE		Director of Operations Change Addition	
NAME				2.2 NAM		Edmund Asson	
STREET ADDRESS				- 2.3 STRE	ET ADDRESS"	1322 Blueberry Lu	
CITY-ST-ZIP				2.4 CITY-	ST-ZIP	Ft. Walton Beh., FL 32547	
TITLE	<u> </u>		DELETE	3,1 TITLE		Better Smith Scoretary Treas Change Addition	
NAME				3.2 NAM	•	Debra Smith	
STREET ADDRESS				3.3 STRE	ET ADDRESS	225 Marshall Dr	
CITY-ST-ZIP				3.4 CITY		Ft. Walton Bch, FL. 32547	
TITLE			DELETE	4,1 TITLE		Director Change Addition	
NAME				4.2 NAM		Shella Asson,	
STREET ADDRESS	}			4.3 STRE	ET ADDRESS	1322 Blueberry CN	
CITY-ST-ZIP			<del></del>	4.4 CITY		Ft. Walton Sch. FL 3254	
TITLE			DELETE	5.1 TITLE		Ft. Walton Rch, FL 32547  President Change Addition John R. Smith 225 MARSHALL DR. Fr. Walton Beach, FL 32547	
NAME				5.2 NAM		John K. Smith	
STREET ADDRESS				1	ET ADDRESS	16 1111 P. 1 61 77647	
CITY-ST-ZIP	<del></del>			5.4 CITY-		IT. Walton beach, TL 36371	
TITLE			DELETE	6.1 TITLE		Change Addition	
VAME				6.2 NAM			
STREET ADDRESS					ET ADDRESS	,	
ITY-ST-ZIP	<u>L</u>			6.4 CITY	ST-ZIP	ALC 07/09/0 Classic Catalog LE with a self-through a information	

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 receive 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.

SIGNATURE:

| Signature | Signatu

850-44-7802

CR2E034 (5/99)