

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90250 038 \*\*\*150.00

DOCUMENT # P98000064780

1. Corporation Name  
WEB RESULTS INSTITUTE, INC.

Principal Place of Business  
245 NORTH OCEAN BOULEVARD  
SUITE 201  
DEERFIELD BEACH FL 33441

Mailing Address  
245 NORTH OCEAN BOULEVARD  
SUITE 201  
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

65-0854354

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Jeffrey B. Levy, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

100 SE 6th Street

83

Ft. Lauderdale, FL 33301

84 City

FL

85 Zip Code

33301

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME CAPUTA, MICHAEL A  
STREET ADDRESS 245 NORTH OCEAN BOULEVARD, SUITE 201  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE VP ☒ DELETE  
NAME DELLAVEDOVA, ERIC J  
STREET ADDRESS 245 NORTH OCEAN BOULEVARD, SUITE 201  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE VP ☐ DELETE  
NAME GRANT, JONATHAN D  
STREET ADDRESS 245 NORTH OCEAN BOULEVARD, SUITE 201  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 President, Chief Executive Officer ☒ Change ☐ Addition  
1.2 NAME Caputa, Michael A.  
1.3 STREET ADDRESS 245 North Ocean Boulevard, Suite 201  
1.4 CITY-ST-ZIP Deerfield Beach, FL 33441

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice President of Operations ☒ Change ☐ Addition  
3.2 NAME Grant, Jonathan D.  
3.3 STREET ADDRESS 245 North Ocean Boulevard, Suite 201  
3.4 CITY-ST-ZIP Deerfield Beach, FL 33441

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

Date

Daytime Phone #

4/16/99

954-360-0634

CR2E034 (11/98)

0345815