


FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90005 035 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000071181 1. Corporation Name TEKO INTERNET MANAGEMENT, INC.					
Principal Place of Business 2330 W. NEW HAVEN AVE., STE. 102 W. W. MELBOURNE FL 32904			Mailing Address 2330 W. NEW HAVEN AVE., STE. 102 W. W. MELBOURNE FL 32904		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1998 4. FEI Number 59-3538059 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARBOGAST, MATTHEW H 112 W. NEW HAVEN AVE. MELBOURNE FL 32901			10. Name and Address of New Registered Agent 81 Name M.L. ARBOGAST 82 Street Address (P.O. Box Number is Not Acceptable) 108 WEST NEW HAVEN AVENUE 83 84 City MELBOURNE FL 85 Zip Code 32901		
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 <i>Mark Arbogast</i> DATE <i>9/9/99</i> (NOTE: Registered Agent signature required when registering)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME PASONKI, BARRY A STREET ADDRESS 2416 S. SCENIC DR. CITY-ST-ZIP MELBOURNE FL 32901 TITLE C <input type="checkbox"/> DELETE NAME Tim Pasonski STREET ADDRESS 3090 Arbor Woods Drive CITY-ST-ZIP Alpharetta, GA 30022 TITLE S <input type="checkbox"/> DELETE NAME Borja Gomez STREET ADDRESS 2330 W. New Haven Ave. #101 CITY-ST-ZIP West Melbourne, FL 32904 TITLE C <input type="checkbox"/> DELETE NAME Denis Hertfelder STREET ADDRESS 2330 W. New Haven Ave. #101 CITY-ST-ZIP West Melbourne, FL 32904 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: *BARRY A PASONKI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99 407 953-1256

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