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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000072729

1. Corporation Name
American Internet Technologies, Corp.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Principal Place of Business 21 2234 N. Federal Highway 22 Suite 409 23 City & State Boca Raton FL 24 Zip 33431 25 Country	26a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
5. Date Incorporated or Qualified: 8-18-1998	
4. FEI Number: Applied FOR — ☒ Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐ — $8.75 Additional Fee Required	
7. 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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Robert Williams, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2234 N. Federal Highway
83 Suite 409
84 City: Boca Raton FL 85 Zip Code: 33431

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 Williams — 4-19-1999
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert Williams, JR. 2234 N. Federal Highway, Suite 409 Boca Raton, FL 33431 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition T.S.

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Williams — 4-19-1999 — 561-266-6321
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OTHER DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)