


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90054 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000073195

1. Corporation Name
186K.NET CO.

Principal Place of Business
**800 SOUTHEAST 10TH STREET
 FT LAUDERDALE FL 33027**

Mailing Address
**800 SOUTHEAST 10TH STREET
 FT LAUDERDALE FL 33027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6401 NORTH CONGRESS AVE Suite, Apt., etc.		2a. Mailing Address 28 6401 NORTH CONGRESS AVE Suite, Apt., etc.		3. Date Incorporated or Qualified 08/21/1998
22 SUITE 200 City & State		27 SUITE 200 City & State		4. FEI Number 65-0858092
23 BOCA RATON FL USA Zip Country		28 BOCA RATON FL USA Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33487 25		29 33487 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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 DON KOURY 82 Street Address (P.O. Box Number is Not Acceptable) 1099 W. CAMINO REAL 83 84 City BOCA RATON FL 85 Zip Code 33486
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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] DATE 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSO NAME ALOISIO, T L STREET ADDRESS 800 SOUTHEAST 10TH STREET CITY-ST-ZIP FT LAUDERDALE FL 33027	<input type="checkbox"/> DELETE	1.1 TITLE CEO 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT NAME DON KOURY STREET ADDRESS 1099 W. CAMINO REAL CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 3/16/99 DAYTIME PHONE # 561-988-2021

CR2E034 (1/1/98)