


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

04-14-1999 90054 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**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 <b>6401 NORTH CONGRESS AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 28 <b>6401 NORTH CONGRESS AVE</b> Suite, Apt. #, etc.		4. FEI Number 65-0858092		Applied For Not Applicable	
22 <b>SUITE 200</b> City & State		27 <b>SUITE 200</b> City & State		5. Certificate of Status Desired <input type="checkbox"/>		<del>\$8.75: Additional Fee Required</del>	
23 <b>BOCA RATON FL USA</b> Zip Country		28 <b>BOCA RATON FL USA</b> Zip Country		6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>33487</b> 25		29 <b>33487</b> 30		8. 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			

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**  
(NOTE: Registered Agent signature required when reinstating)

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	1.1 TITLE CEO	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE PRESIDENT	NAME DON KOURY	STREET ADDRESS 1099 W. CAMINO REAL	CITY-ST-ZIP BOCA RATON, FL 33486	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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]* DATE **3/16/99** DAYTIME PHONE # **561-988-2021**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)