PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092208

1. Corporation Name

800-473-1214 INTERNET, INC.

Principal Place of Business

Mailing Address

1815 GRIFFIN ROAD STE. 102

1815 GRIFFIN ROAD STE. 102

May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 025 ***450.00



DANIA FL 33004 DANIA FL 33004			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
			10/29/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7027 W. BROWARD BLO	26		65-0871928	Not Applicable
Suite Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 7-30	27			
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country Country	Zip	Country	Trust Fund Contribution	
	— ` —	0	This corporation owes the current year I Personal Property Tax.	☐ Yes X No
24 331/ 25 657 9. Name and Address of Currer		<u> </u>	10. Name and Address of New Registere	
04 Now				
BERKOWITZ, DAVID J	20 01 101	ess (P.O. Box Number is Not Acceptable)		
1815 GRIFFIN ROAD STE. 102	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
DANIA FL 33004		83	7 1. RAW DAD RUE	1 4 730
		84 City	1 w. prount pour	es Zin Code
		84 City PU	7 W. BROWNED BUILD FOR	L ° 33317
1 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				
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.				
			9	1/2-1/99
SIGNATURE DUVSLIS PACIT Signature, typed or printed name of registered age	nt and title if applicable. (NOTE, R	legistered Agent fignature required	d when reinstating) DATE	
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE D	DELETE		RESIDENT + DIRECTOR	
NAME BERKOWITZ, DAVID J	_	1.2 NAME	OUGLAS PACHECO PLA	#2-30
STREET ADDRESS 1815 GRIFFIN ROAD STE 10	2	1.3 STREET ADDRESS	027 W. Brown R. DOW.	17
CITY-ST-ZIP DANIA FL 33004		1.4 CITY-ST-ZIP	OUGHTS PACHECO OZT W. BROWAND BUD PLANTATION, FL 333	/ / DANKER
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		Donner Dadile
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY- ST- ZIP	□ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	4.1 TITLE		Clause Clyddion
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY+ST-ZIP		☐ Change ☐ Addition
TITLE	□ nercic	5.1 TITLE 5.2 NAME		Cleudo Cludinii
NAME		5.3 STREET ADDRESS		İ
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		6.2 NAME		
NAME		6.3 STREET ADDRESS		
STREET ADDRESS		6.3 STREET ADDRESS		

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR