## **□ FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90095 003 \*\*\*150.00

## DOCUMENT # **P98000099880** 1. Corporation Name

	MERNET, INC.					
Principal Plac	ce of Business	Mailing Address		[BUILEUI LING IN AND LEGAL OUT	(BISE IBSEL IBIDE SE	1311 <b>43</b> 114 1 <b>86</b> 1
1165 CURLEW	RD	1165 CURLEW RD		1		
DUNEDIN FL 34698 DUNEDIN FL 34698				DO NOT WRITE IN THE	S SDACE	
				3. Date Incorporated or Qualifed	3 SPACE	
				Table   Tabl		
0 D::11	Di & Dynings	2a. Mailing Address		11/23/1998 4. FEI Number	Δη	plied For
	Place of Business	<u> </u>		59-3748801	<del>_</del>	t Applicable
21 /// Suite, Apt	5 CURLEW Rd.	26 Suite, Apt. #, etc.		37 037 0001	\$8.75 A	
22	<del>, 510.</del>	27		5. Certifcate of Status Desired	Fee Re	
City & Sta	ate	City & State		6, Election Campaign Financing	\$5.00	May Be
	VEDIN EL _	28 5.477	P	Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24 3469	98 25 45 A	29 SAME	30 SAM-C	Personal Property Tax.		<b>₽</b> 1√0
<u>. تا ر ر ابت</u>	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent	
		_	81 Name			
	ON, JAMES A		82 Street Add	tress (P.O. Box Number is Not Acceptable)		
1165 CURLEW RD			OZ Saect Add			
DUN	NEDIN FL 34698		83			
			24 07	<u> </u>	. 85 Zip C	Code
			84 City	poration submits this statement for the purpose ion's board of directors. I hereby accept the app		
40		nt and title if applicable. (NOTE:	Negistarea Agent signatura regen	red when reinstating) DATE		
	// OFFICERS AN				AND DIRECTO	RS IN 12
TITLE		ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
	PSTD	ID DIRECTORS	13.			
TITLE	PSTD DILLON, JAMES A	ID DIRECTORS	13. 1.1 TITLE			
TITLE NAME STREET ADDRESS	PSTD DILLON, JAMES A ss 1165 CURLEW RD	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME			
TITLE NAME	PSTD DILLON, JAMES A	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
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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 changes, or pn an attachment with an address, with all other like empowered.

SIGNATURE: