FILE	NOW: FILING FEE	AFTER MAY 1 I	S \$225.00		
PR CORP( ANNUA	ROFIT ORATION L REPORT 996	FLORIDA DEPA Sandra Secret	RIMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUM 1. Corporation N		89 (9)			
,, , , , , , , , , , , , , , , , , , , ,	NTERNET, INC.			1 (# 8)5818 2(8 48)81 (18)5 <b>48</b> 17 18	LID (BAY DIDIR BADI) DIDIK BABU DIDIK DADIK DADIK ID
Principal Ptace of Business Mailing Address 8945 NW 51 PL 8945 NW 51					
CORAL SPRINGS FL 33067		CORAL SPRINGS FL 33067		Date Incorporated or Qualified     09/20/1990	3a. Date of Last Report 07/31/1995
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0219641	Not Applicable  \$8.75 Additional
Suite Apt. #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Zip	Country	<b>28</b> Zup	Country	8. This corporation has liability for	
24	25 9. Name and Address of Cur	29 ront Posistered Apent	30	Fiorida Statutes Yes  10. Name and Address of New F	No Registered Agent
11. Pursuant to	SPRINGS FL 33067  the provisions of Sections 607.0 d agent, or both, in the State of figure and accept the obligations of S	ionasi. Such coande was aumon	Rea ha the corporation a poc	ration submits this statement for the purify of directors. Thereby accept the app	FL 85 Zip Code  irpose of changing its registered office opintment as registered agent. Lam
SIGNATURE .	lgradure bysekt är protest ha ne of regidere flu	<u> </u>	i II. Basismed Agord Sajintan Mau	castie receipting	CATE
12.	<del></del>	AND DIRECTORS  DELETE	13. 1.1 Triuf	ADDITIONS/CHANGES TO OH	FICERS AND DIRECTORS IN 12  Charge
TITLE NAME	PD Lorey, Jean C.		12 NAME		
STREET ADDRESS	8945 NW 51 PL		13 STREET ADDRESS		
CHY-ST-ZIP	CORAL SPRINGS FL	☐ DELETE	1.4 C-TY - ST - ZIP 2.1 THUE		Change Addition
TITLE NAME			2.2 N4M£		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZiP		DELETE	2.4 CHY - S1. ZIP 3.1 DTLE		Change Addition
TITLE		L'Il present	3.2 NAME		
NAME STREET ADDRESS			3.3 STHEET ADDRESS		
CHY-ST-ZIP			3.4 City St. Zib		D Oberes D Add hos
TITLE	.20	☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CiTy - ST - ZIP		
C(1Y-ST-ZIF TITLE		☐ DEL€1F	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - \$1 - ZIP		DELETE	5 4 CHY+ST-ZIP 6 1 TITLE		Change Addition
THILE			625005		

14. If do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fiorida 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 certify that I am an officer or director of the corporation or the receiver or trustee en powered 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR

SIGNATURE OF SIGNING OFFICER ORDINECTOR

6.3 STREET ADDRESS

6.4 CITY ST - 7/P

STREET ADDRESS

CR2E034 (12/95)