

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90238 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V11975

1. Corporation Name
VIA APPIA, INC.



Principal Place of Business
**362 COMMERCE WAY
 STE 116
 LONGWOOD FL 32750
 US**

Mailing Address
**362 COMMERCE WAY
 STE 116
 LONGWOOD FL 32750
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.
 22 []
 City & State
 23 []
 Zip
 24 [] Country
 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.
 27 []
 City & State
 28 []
 Zip
 29 [] Country
 30 []

3. Date Incorporated or Qualified
02/04/1992

4. FEI Number
59-3110655 Applied For
 Yes Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**SCHIANO, BIAGIO
 502 RIVIERA DR.
 ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
 81 Name **DULIN, RAMSEY W.**
 82 Street Address (P.O. Box) **201 S. ORANGE AVENUE**
 83 **STE. 1090**
 84 City **ORLANDO** FL 85 Zip Code **32801**

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 **3/23/99**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHIANO, BIAGIO	1.2 NAME	
STREET ADDRESS	502 RIVIERA DR.	1.3 STREET ADDRESS	872 CRESTON DRIVE
CITY-ST-ZIP	ALTAMONTE SPGS. FL 32701	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PVTS LEHMANN, KEITH	2.2 NAME	
STREET ADDRESS	2587 S SEMORAN BLVD #1832	2.3 STREET ADDRESS	502 RIVIERA DRIVE
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ASSISTANT SECRETARY SALLIE A. MELVIN
STREET ADDRESS		3.3 STREET ADDRESS	1700 SMOKETREE CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **4/19/99** DAYTIME PHONE # **407-830-5338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)