2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 632170

1. Entity Name
INTERPLEX SUN BELT, INC.

Principal Place of Business	Mailing Address
6690 HIATUS ROAD TAMARAC, FL 33321 US	6690 HIATUS ROAD TAMARAC, FL 33321 US

08132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2533527
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SEIDLER, JACK
STREET ADDRESS	120-12 28TH STREET
CITY-ST-ZIP	FLUSHING, NY
TITLE	D
NAME	PEASE, JOHN
STREET ADDRESS	120-12 28TH STREET
CITY-ST-ZIP	FLUSHING, NY
TITLE	P
NAME	KOPPEL, BERNARD
STREET ADDRESS	6690 HIATUS RD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	T
NAME	KLEIN, IRVING
STREET ADDRESS	6690 HIATUS RD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/30/04-80002-001 558.75

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Pease J Pease 8/23/04 (718) 961-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #