

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17817 (8)**  
1. Corporation Name  
**INTER-SPACE SERVICES, INC.**

Principal Place of Business <b>4635 CRACKERSPORT RD ALLENTOWN PA 18104</b>	Mailing Address <b>4635 CRACKERSPORT RD ALLENTOWN PA 18104</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>01/28/1988</b>	3a. Date of Last Report <b>03/06/1996</b>
4. FEI Number <b>23-1940160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILT, BARBARA  
1871 40 ST.  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARIANNE	
STREET ADDRESS	184 HEYDTS SCHOOL HOUSE ROAD	
CITY-ST-ZIP	BECHTELSTVILLE PA 19505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGUIRE, MOLLY	
STREET ADDRESS	1939 SAUCON LANE	
CITY-ST-ZIP	BETHLEHAM PA 18015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARK	
STREET ADDRESS	1480 KEYSTONE ROAD	
CITY-ST-ZIP	ALLENTOWN PA 18082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIEBERMAN-DALY, KAREN	
STREET ADDRESS	120 ROCKLNAD STREET	
CITY-ST-ZIP	SOUTH NATICK MA 01780	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRICK, RICHARD	
STREET ADDRESS	421 FRANCIS CIRCLE	
CITY-ST-ZIP	WHITEHALL PA 18052	
TITLE	C	<input type="checkbox"/> DELETE
NAME	STRACCIA, DEBORAH	
STREET ADDRESS	1480 KEYSTONE ROAD	
CITY-ST-ZIP	ALLENTOWN PA 18103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Marianne Lieberman Trust Co* 7/24/97 110-395-8002

CR2E034 (4/97)