

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000 35338
1. Corporation Name
INTERACTIVE SOFTWARE, INC.

800001483213
-05/10/95--01106--014
****200.00 ****200.00

Principal Place of Business Mailing Address
**5711 Johns Road Suite 1302
Tampa, Florida 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/15/93		3a. Date of Last Report 5/31/94	
4. FEI Number 59-3186010		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		9. Name and Address of Current Registered Agent Bichsel John R. 790 Hickory Lane Palm Harbor, Florida 34683		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	
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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 (typed or printed name of registered agent, and date of signature)

(If the registered agent's signature is required when mandating)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	12 NAME	
CITY ST ZIP	CITY ST ZIP	13 STREET ADDRESS	
		14 CITY ST ZIP	
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	22 NAME	
CITY ST ZIP	CITY ST ZIP	23 STREET ADDRESS	
		24 CITY ST ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	32 NAME	
CITY ST ZIP	CITY ST ZIP	33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	42 NAME	
CITY ST ZIP	CITY ST ZIP	43 STREET ADDRESS	
		44 CITY ST ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	52 NAME	
CITY ST ZIP	CITY ST ZIP	53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	62 NAME	
CITY ST ZIP	CITY ST ZIP	63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **John R. Bichsel** **John R. Bichsel**

4/30/95

813-886-0261