

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

**APPROVED AND FILED**

25 MAY - 1 11 00 97

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara H. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000047972 (3)**

INTERACTIVE RESPONSE TECHNOLOGIES, INC.

Principal Office - Mailing Address  
777 SOUTH STATE ROAD 7  
SUITE 11  
MARGATE FL 33068  
US

2. Principal Office - Telephone  
21  
2a. Mailing Address  
26  
777 SOUTH STATE ROAD 7  
SUITE 11  
MARGATE FL 33068  
US

3. Date of Incorporation  
07/08/1993  
3a. Date of Last Report  
08/05/1994  
4. FEI Number  
65-0420554  
5. Certificate of Status Desired  
6. Election Campaign Financing  
Trust Fund Contribution  
7. This corporation has liability for intangible tax under S. 193.032, Florida Statute  
 Yes  No

9. Name and Address of Current Registered Agent  
KRAMER, WILLIAM S  
880 N FEDERAL HWY  
SUITE 440  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (if 0, Box Number is 14-4. All optional)  
83.  
84. City  
FL 85. Zip Code

11. I, the undersigned, the president of Interactive Response Technologies, Inc., hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the principal office of this corporation 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 Sections 607.04(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	D PIERCE, MITCHELL A
2. STREET ADDRESS	777 SOUTH STATE ROAD 7, SUITE 11
3. CITY	MARGATE FL
4. NAME	D GLICKMAN, ROBERT A
5. STREET ADDRESS	6512 PINES BLVD
6. CITY	PEMBROKE PINES FL 33024-7699
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. AGENT FOR CHANGE & TO OFFICERS AND DIRECTORS ONLY

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY		
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and equally for the corporation stated as law. I hereby take Florida Statutes Chapter 607 to certify that the information submitted for this annual report or supplemental annual reports, true and accurate and that the corporate shareholders have been kept advised and made under oath that they are not to be used for any other purpose than the one for which they are prepared to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in the report as required by Florida Statutes.

SIGNATURE: *Mitchell Pierce* 3/30/95 305962390  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR