

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000047972 (3)**

1. Corporation Name

**INTERACTIVE RESPONSE TECHNOLOGIES, INC.**



Principal Place of Business

Mailing Address

777 SOUTH STATE ROAD 7  
SUITE 11  
MARGATE FL 33068  
US

777 SOUTH STATE ROAD 7  
SUITE 11  
MARGATE FL 33068  
US

3. Date Incorporated or Qualified <b>07/08/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0420554</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **4410 N STATE ROAD 7**

26 **SAME**

22 **200**

27 Suite, Apt. #, etc.

23 **FL LAUDERDALE**

28 City & State

24 **33319**

25 **USA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAMER, WILLIAM S  
980 N FEDERAL HWY  
SUITE 440  
BOCA RATON FL 33432**

81 Name  
**EMO Corporate Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 Northeast Third Avenue**

83 **Suite 1100**

84 City  
**Fort Lauderdale**

85 **FL**

Zip Code  
**33301**

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

*William S. Kramer*

**Assistant Secretary**

**4/4/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERCE, MITCHELL A</b>	
STREET ADDRESS	<b>777 SOUTH STATE ROAD 7, SUITE 11</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	

1.1 TITLE	<b>EXECUTIVE VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PIERCE, MITCHELL A.</b>	
1.3 STREET ADDRESS	<b>4410 N STATE ROAD 7, Suite 200</b>	
1.4 CITY-ST-ZIP	<b>FL LAUDERDALE, FL 33319</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLICKMAN, ROBERT A</b>	
STREET ADDRESS	<b>6512 PINES BLVD</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024-7699</b>	

2.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BLASS, HOWARD H.</b>	
2.3 STREET ADDRESS	<b>4410 N STATE ROAD 7, Suite 200</b>	
2.4 CITY-ST-ZIP	<b>FL LAUDERDALE, FL 33319</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Howard H. Blass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/96**

Date

**(954) 305-484-4973**

Daytime Phone #

**ext 2100**

CR2E034 (12/95)