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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**4410 N. STATE RD 7
SUITE 200
FORT LAUDERDALE,
FL 33319**

**4410 N. STATE RD. 7
SUITE 200
FORT LAUDERDALE,
FL 33319**

3. Date Incorporated or Qualified
07/08/1993

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0420554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMO CORPORATE SERVICES, INC.
100 NE THIRD AVENUE
SUITE 1100
FORT LAUDERDALE, FL 33301**

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

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PRESIDENT** DELETE
NAME: **GLASS, HOWARD H.**
STREET ADDRESS: **4410 N. STATE RD. 7, STE 200**
CITY-STATE-ZIP: **FORT LAUDERDALE, FL 33319**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE: **EXECUTIVE VICE PRESIDENT** DELETE
NAME: **PIERCE, MITCHELL A.**
STREET ADDRESS: **4410 N. STATE RD. 7, STE 200**
CITY-STATE-ZIP: **FORT LAUDERDALE, FL 33319**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

10/5/97

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***173.75**

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: *Howard Glass, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD GLASS, PRESIDENT

04/28/97 **954/484-4973**
Date Daytime Phone

CR2E034 (9/96)