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**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90030 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000047972

**RECEIVED**

1. Corporation Name  
 INTERACTIVE RESPONSE TECHNOLOGIES, INC.

MAR 22 1999

BY:



Principal Place of Business  
 4410 N STATE ROAD 7  
 SUITE 200  
 FORT LAUDERDALE FL 33319  
 US

Mailing Address  
 4410 N STATE ROAD 7  
 SUITE 200  
 FORT LAUDERDALE FL 33319  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/08/1993

4. FEI Number  
 65-0420554

5. Certificate of Status Desired  Applied For  
 Not Applicable  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  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 30

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICE INC  
 100 NE THIRD AVENUE  
 SUITE 1100  
 FORT LAUDERDALE FL 33301

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  DELETE

NAME ORLOVE, L M

STREET ADDRESS 4410 N STATE RD 7

CITY-ST-ZIP FT LAUDERDALE FL 33319

TITLE  DELETE

NAME P GLASS, HOWARD

STREET ADDRESS 4410 N STATE ROAD 7 SUITE 200

CITY-ST-ZIP FORT LAUDERDALE FL

TITLE  DELETE

NAME S GOBBO, SANDRA

STREET ADDRESS 4410 N STATE RD 7

CITY-ST-ZIP FT LAUDERDALE FL 33319

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Sandra Gozzo DATE: 3/22/99 PHONE: 954-484-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)