

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

APPROVED AND FILED

95 MAY -1 PM 1:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P9300068830

1. Corporation Name

**INTERFACE TECHNOLOGIES, INC.
FORMERLY HEALTH TAC SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**5805 BLUE LAGOON DRIVE,
SUITE 390
MIAMI, FL 33126**

**500001478905
-05/09/95--01013--017
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **5805 BLUE LAGOON DR.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **390**

27 **SAME**

City & State

City & State

23 **MIAMI, FL**

28

Zip

Country

Zip

Country

24 **33126**

25 **USA**

29

30

3. Date Incorporated or Qualified

10/2/93

3a. Date of Last Report

1994

4. FEI Number

65-0461378

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 filing and tax under S. 1391, Fla. Statutes

Yes No

9. Name and Address of Current Registered Agent

**BARRY KORNREICH
15021 EAST WATERFORD
DAVIE, FL 33331**

**BC CORP SERV
175 NW FIRST AV
#2000, COLTANINE CT
MIAMI, FL 33128**

10. Name and Address of New Registered Agent

81 Name **GARY C. TIE SHUE**
82 Street Address (P.O. Box Number is Not Acceptable)
5805 BLUE LAGOON DRIVE, #390
83
84 City **MIAMI** FL 85 Zip Code **33126**

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, 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]

GARY TIE SHUE, PRESIDENT

4/28/95

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, TREASURER - P, T
NAME	HENRY C. TIE SHUE
STREET ADDRESS	5805 BLUE LAGOON DRIVE, #390
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	SECRETARY, S
NAME	SCOTT TALOBS
STREET ADDRESS	5805 BLUE LAGOON DRIVE, #390
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	VICE PRESIDENT, V
NAME	BARRY KORNREICH
STREET ADDRESS	5805 BLUE LAGOON DRIVE, #390
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	DELETE
1.4 CITY - ST - ZIP	
2.1 TITLE	SECRETARY - VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S, V
2.3 STREET ADDRESS	SCOTT TALOBS
2.4 CITY - ST - ZIP	5805 BLUE LAGOON DRIVE, #390
3.1 TITLE	MIAMI FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	PRESIDENT, TREASURER P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARY TIE SHUE
4.3 STREET ADDRESS	5805 BLUE LAGOON DRIVE, #390
4.4 CITY - ST - ZIP	MIAMI, FL 33126
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(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 207, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or as an attachment with an address.

SIGNATURE: *[Signature]*

BIOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY TIE SHUE, PRESIDENT

4/28/95

(305) 261-6699