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Apr 15 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 # P95000062327 (8)

1. Corporation Name  
INTERSTATE SUPPLIES & SERVICES, INC.



Principal Place of Business: 1100 PARK CENTRAL BLVD. SOUTH STE 1700 POMPANO BEACH FL 33064  
Mailing Address: 1100 PARK CENTRAL BLVD. SOUTH STE 1700 POMPANO BEACH FL 33064-2255

3. Date Incorporated or Qualified: 08/10/1995  
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business: 21 Sealings, Suite, Apt. #, etc.  
2a. Mailing Address: 26 3242 Smith Farm Rd., Suite, Apt. #, etc.  
22 City & State: 23 Sealings NC  
24 Zip: 28105 25 Country: Union  
27 City & State: 28 Sealings NC  
29 Zip: 28226 30 Country: Union

4. FEI Number: 65-0603985  
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 intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: JOUBERT, DAWID, 1100 PARK CENTRAL BLVD. SOUTH STE 1700 POMPANO BEACH FL 33064  
10. Name and Address of New Registered Agent: 81 Name: JODI B. GREEN P.A., 82 Street Address (P.O. Box Number is Not Acceptable): 1499 WEST PALMETO PARK ROAD, 83, 84 City: BOCA RATON FL 85 Zip Code: 33486

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: Jodi B. Green, Esq. DATE: 4/2/92

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOUBERT, DAWID		1.2 NAME	
STREET ADDRESS: 1100 PARK CENTRAL BLVD. SOUTH STE 1700		1.3 STREET ADDRESS	
CITY-ST-ZIP: POMPANO BEACH FL 33064		1.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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: DAVID T. JOUBERT DATE: 3/31/97

CR2E034 (9/96)