

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000077329 (7)  
1. Corporation Name  
**INTERACTIVE TELESERVICES, INC.**



Principal Place of Business: 1776 NORTH PINE ISLAND RD. SUITE 118 PLANTATION FL 33322  
Mailing Address: 1776 NORTH PINE ISLAND RD. SUITE 118 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 2830 North 28th Terrace	26 7154 N. University #56	10/10/1995	65-0617773
22	27	5. Certificate of Status Desired	Applied For / Not Applicable
23 Hollywood FL	28 Tamarac FL	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33020	29 33321	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 USA	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISSMAN, HAROLD 1776 PINE ISLAND RD. SUITE 118 PLANTATION FL 33322	81 Name: Larry G. Shipp, JR 82 Street Address (P.O. Box Number is Not Acceptable): 2830 North 28th Terrace 83 84 City: Hollywood FL 85 Zip Code: 33020

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: *[Signature]* LARRY G SHIPP DATE: 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, LARRY	1.2 NAME	
STREET ADDRESS	1776 N. PINE ISLAND RD, SUITE 118	1.3 STREET ADDRESS	2830 North 28th Terrace
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	Hollywood FL 33020
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKKER, CURTIS	2.2 NAME	
STREET ADDRESS	1776 N. PINE ISLAND RD, SUITE 118	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, AMANDA	3.2 NAME	
STREET ADDRESS	3800 SANCTUARY DR.	3.3 STREET ADDRESS	2830 North 28th Terrace
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	Hollywood FL 33020
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 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: *[Signature]* Amanda T Shipp DATE: 2/20/98 956221-113

CR2E034 (10/97)