

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90172 007 ***158.75



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P95000077329**

1. Corporation Name
INTERACTIVE TELESERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2830 NORTH 28TH TERR
 SUITE 118
 HOLLYWOOD FL 33020
 US**

Mailing Address
**7154 N. UNIVERSITY
 SUITE 56
 TAMARAC FL 33321
 US**

3. Date Incorporated or Qualified
10/10/1995

4. FEI Number
65-0617773

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 7154 N. UNIVERSITY

2a. Mailing Address
26 PO Box 4149

Suite, Apt. #, etc.
22 #56

City & State
23 TAMARAC, FL 33321

City & State
28 EVERGREEN, CO

Zip Country
24 [] [] 25 US

Zip Country
29 80437-4149 30 US

9. Name and Address of Current Registered Agent
**SHIPP, LARRY G. J
 2830 NORTH 28TH TERRACE
 SUITE 118
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7154 N. UNIVERSITY
83 #56
84 City TAMARAC FL 85 Zip Code 33321

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 LARRY G. SHIPP DATE **4/30/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIPP, LARRY	
STREET ADDRESS	2830 NORTH 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHIPP, AMANDA	
STREET ADDRESS	2830 NORTH 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33028	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	7154 N. UNIVERSITY #56
1.4 CITY-ST-ZIP	TAMARAC, FL 33321
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: LARRY G. SHIPP DATE **4/30/99** DAYTIME PHONE # **303 679-9357**

CR2E034 (11/98)