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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P9700004310 (3)

INTER\*ACT FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address

**FILED** Apr 29 1998 8:00am Secretary of State



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350 CAMINO GARDEN BOULEVARD, SUITE 200 350 CAMINO GARDEN BOULEVARD, SUITE 200 **BOCA RATON FL 33432** BOCA RATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change NAME RANDOLPH-WALL, RONALD 1.2 NAME 350 CAMINO GARDEN BOULEVARD, SUITE 200 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SMOLEV, IRA CEO 2 2 NAME STREET ADDRESS 350 CAMINO GARDEN BOULEVARD, SUITE 200 2 3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** 2 4 City-ST-7(P DELETE TITLE 3.1 TITLE Change ☐ Addition TURIANSKY, BRUCE 3.2 NAME 350 CAMINO GARDEN BOULEVARD, SUITE 200 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with the indicated on this annual report or supplemental an officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an intach of Spling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at report is true and accurate and that pay signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in ol with an address