

04151999 90034-049-S150.00-S150.00

APPROVED  
59 JUL 22 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P98000043471  
1. Corporation Name  
INTERACTIVE SYSTEMS, INC.

Principal Place of Business  
440 ANGELO LANE  
COCOA BEACH FL 32931  
Mailing Address  
440 ANGELO LANE  
COCOA BEACH FL 32931

[REDACTED]  
0415-99 90034 0219 \$150.00  
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 05/11/1998  
4. FEI Number: EIN: 59-3522304  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
7. This corporation owes the current year intangible Personal Property Tax: [X] Yes [ ] No

8. Name and Address of Current Registered Agent  
91 Name: GALANOPOULOS, ATHANASSIOS  
92 Street Address: 440 ANGELO LANE  
93 City: COCOA BEACH FL 32931  
94 City: COCOA BEACH FL 32931  
95 Zip Code: 32931  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	GALANOPOULOS, ATHANASSIOS	1.2 NAME	
STREET ADDRESS	440 ANGELO LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 if 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: [Signature] DATE: 4/2/99

CR2034 (1/98)


I spoke to Mr. Tyron, today, 7/19/99; @ 1-850-487-6059 ext 2.

I received a second notice from your department stating

that no annual report/fee was billed.

I have enclosed a copy of the cancelled check to you (FLA STATE) and also the report/formed from FLORIDA DEPARTMENT OF STATE. requesting that the form is complete. I had completed the form, and this is a copy of it. Can you please see that this has been taken care of.

Thank you very much

  
Theo Galanopoulos-