

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAR 25 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 484467 (6)
1. Corporation Name
INTERPHASE ENGINEERING, INC.



Principal Place of Business
1803 U.S. HWY. 19
HOLIDAY FL 34691
US

Mailing Address
%J. BOB HUMPHRIES, ESQ., FOWLER, WHITE ETAL
P.O. BOX 1438
TAMPA FL 33601
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1975	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1615906	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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 BAKER, RICHARD W. 1803 U.S. HIGHWAY 19 HOLIDAY FL 34691		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL 85 Zip Code	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SCHERER, J. CHRIS	1.2 NAME	
STREET ADDRESS	1803 US 19	1.3 STREET ADDRESS	2535 Success Drive
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	Odessa FL 33556
TITLE	STD	2.1 TITLE	
NAME	BAKER, RICHARD W	2.2 NAME	
STREET ADDRESS	1803 US HIGHWAY 19	2.3 STREET ADDRESS	2535 Success Drive
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE		3.1 TITLE	AS
NAME		3.2 NAME	HUMPHRIES, J. Bob
STREET ADDRESS		3.3 STREET ADDRESS	501 E. Kennedy Blvd., #1700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	GUNSAULLUS, Robert Howard
STREET ADDRESS		4.3 STREET ADDRESS	2535 Success Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 as an attachment with an address.

SIGNATURE J. Bob Humphries, Assistant Secretary

3/22/98 (813) 222-1173

CR2E034 (1097)