## 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

DOCUMENT # 491977

(5)

INTEREX CORPORATION

,,

114 ( 64 164	N JOHN OWNTON					
Principal Place	of Business	Mailing Address				- I låbilt filliå (Bist ittil ibili lasti sån åteli eleti eleti sin, sin, sin, sin,
1019 N HAZEN		1019 N HAZEN				
DELAND FL 32720		DELAND FL 32720				DO NOT WRITE IN THIS SPACE
		·				3. Date Incorporated or Qualified 12/03/1975
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number Applied For	
21 26						<b>55-1636084</b> Not Applicable
Suite, Apt.	#, <b>e</b> tc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country Zip		Cou	Country		8. This corporation owes or has paid the current year Intangible
24	25 29 30		30	,		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		A4 T	<del></del>	10. Name and Address of New Registered Agent
	NG, OLA			81	Name	
1019 N. HAZEN RD.				82 Street Add		ess (P.O. Box Number is Not Acceptable)
DELAND FL 32720				<del>                                     </del>		
				83		
				84	City	85 Zip Code
		000 M00 FL 11 Oct				FL
11. Pursuant t	to the provisions of Sections 607.05 eaistered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the a authorize	bove-i d by t	named corpo he corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I ar	m <b>fa</b> miliar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Sta	tutes.	•	
SIGNATURE			- h			ed when roinstating) DATL
12.	Signature, typod or printed name of registered as	ND DIRECTORS	13.	a Ageni	Bignature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 11	TLE		Change Addition
NAME	BANG, OLA	_	1.2 NAME			
STREET ADDRESS	1019 N HAZEN RD			TREET AL	DDRESS	
CITY-ST-ZIP	DELAND FL			MY-ST-		
TITLE	VD	DELETE	2 1 TO		54	Change Addition
NAME	BANG, RAMONA R.		2.2 NAME		İ	
STREET ADDRESS	1019 N. HAZEN RD		2.3 S	TREET A	DDRESS	
CITY-ST-ZIP	DELAND FL		2.40	HY-ST	- ZIP	
TITLE		DELETE	3.1 TI	ITLE	SE	CRETARY TREASURES Change Addition
NAME			3.2 N	AME	1/7	TIKAEL O. BANG
STREET ADDRESS			3.3 S	TREE1 A	DDRESS 10	CRETARY TREASURES Change Addition INCHEL O. BANG 119 M. HAZEN RO ELAND, FL 32720
CITY-S1-ZIP			3.4. 0	HTY-ST	-ZIP DE	ELAND, FL 32720
TITLE		☐ DELETE	4.1 T	TLE		Change Addition
NAME			4.21	IAME		
STREET ADDRESS			4.3 S	TREET A	DDRESS	
CITY-ST-ZIP			4.4 C	11Y-S1-	ZIP	
TETLE		☐ DELETE	5.11	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET A	DORESS	
CITY-ST-ZIP				ITY-57-	ZIP	0
TITLE		DELETE	6.1 (1			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS				TREET A		
CITY-ST-ZIP	Management of the second of th	with this filling steep and account of	6.4 C	IIV-SI-	ZIP	Section 119.07(3)(i), Florida Stalutes. I further certify that the information
III. I DATADY C	eruiv that the information supplied '	with this biing goes not quality t	or the ex	CHIPU	อการเตเยน III อิ	Section (18.0) (3)(1), Fichida Statutes, Fiurtifier Certify that the information [

. 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 13 if changes, or on an attachment with an address.

DAIL 701 802

**FILED** 

Apr 06 1998 8:00am

Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (5) INTEREX CORPORATION Principal Place of Business Mailing Address 1019 N HAZEN 1019 N HAZEN DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1975 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 55-1636084 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BANG, OLA 1019 N. HAZEN RD. 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 11 110 6 BANG, OLA 12 NAME NAME 1019 N HAZEN RD 1.3 STREET ADDRESS STREET ADDRESS **DELAND FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP SECICE THEY THE OWNER Change DELETE 2.1 TITLE TITLE BANG, RAMONA R. 2.2 NAME NAME 1019 N. HAZEN RD 2.3 STREET ADDRESS STREET ADDRESS **DELAND FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP Addition SECRETARY TREASURED Change DELETE 3 1 HILE TITLE MIKAEL O. BANG 3.2 NAME NAME 1019 N. HAZEN RD 3.3 STREET ADDRESS STREET ADDRESS 32720 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition | 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-SY-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 suppliemental 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 tradee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address.

CR2E034