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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000213 (7)

INTERACTIVE VIDEOCOM SYSTEMS, INC.

Prir	cipal	Place	of	Business
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Mailing Address

1774 LONG SLOUGH WALK ORANGE PARK FL 32073 1774 LONG SLOUGH WALK ORANGE PARK FL 32073-7033

FILED Apr 30 1997 8:00am Secretary of State



ORANGE PARK FL 32073		ORANGE PARK FL 32073-7033								
						3. Date Incorporated or Qualified 01/13/1995	3a. Da	te of L		port
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number			Apr	olied For	
21		26			59-3255528			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Bo Added to Fees			
Zip	Country	Zipi	Cou	intry		8. This corporation has liability for	intangible			
24	25	29	30			Florida Statutes	Yos 💆	∄ √₀_		·
	9. Name and Address of Curren	t Registered Agent		ļ		10. Name and Address of New Re	gistered A	lgent		
HOL	T, JOYCE D			81	Name					
	LONG SLOUGH WALK			82	Street A	ddress (P.O. Box Number is Not Acceptate	ole)			
ORA	NGE PARK FL 32073			83		,				
				84	City			85	Zip C	ode
							FL			
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Sta of Florida, Such change wa itions of, Section 607.0505,	atutes, the a as authorize , Florida Sta	bovo d by tutes	e-named of the corp s.	corporation submits this statement for the portalion's board of directors. Thereby acceptions	ourpose of of the app	chang sintme	ing its nt as r	registered egistered
SIGNATURE	Signature, typed or printed name of registered age		NOTE Facquistere	d Agr	rt signature i	equired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PVD	L DELETE	1.1 1)	ALF	-			Cha	ange	Addition
NAME	HOLT, MANUEL C		1.2 N	ΛME						
STREET ADDRESS	1774 LONG SLOUGH WALK		1.3 S	TREE	ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 32073				T - ZIP					
TITLE	STD	DELETE	2.11					Chi	ange	Addition
NAME	HOLT, JOYCE D 1774 LONG SLOUGH WALK		2.2 N							
STREET ADDRESS	ORANGE PARK FL 32073		1		ADDRESS					
CITY-ST-ZIP TITLE	UNANGE FANK PL 32073	DELETE	3.11		31 - 7 IP			T Ch	anne	Addition
NAME		LJ Weer	3.1 N		į				g.s	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					61 - ZIP					
TITLE		☐ DELETE	4.1 1		21. 2"			Chi	ange	Addition
NAME			4. 2 1		-				-	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				1Y-S						
TITLE		DELETE	5.1 1					☐ Chi	ange	Addition
NAME			5.2 N	AME	ļ					
STREET ADDRESS			538	IREET	ADDRESS					
CITY-ST-ZIP			5.4 C	IIY-S	T- ZIP					
TITLE		DELETE	61T	II LE				Ch	ange	Addition
NAME			6.2 N	JMA						
STREET ADDRESS			635	1REET	ADDRESS					
CITY-ST-ZIP			640	11Y-S	1 - ZIP					
44 1 1			124 4 M			4-1 - 0 - 1 - 340 07/0VD FI - 3- 01-1-4-				

I do 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 changed, or on an attachment with an address.

CIGNATURE

Jan Coton 1 Hoof

4/24/00 904214-4561