

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001166 (5)**
 1. Corporation Name
INTERACTIVE MEDIA SYSTEMS, INC.



Principal Place of Business 2200 PARK CENTRAL BLVD N #600 POMPANO BCH FL 33064	Mailing Address 2200 PARK CENTRAL BLVD N #600 POMPANO BCH FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 West Copans Rd. Suite, Apt. #, etc. 22 Building H, Suite 2 City & State 23 Pompano Beach, FL Zip 24 33064		2a. Mailing Address 26 P.O. Box 5054 Suite, Apt. #, etc. 27 City & State 28 New Britain, PA Zip 29 18901		3. Date Incorporated or Qualified 03/07/1996		4. FEI Number 65-0491994 Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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	
Country 25 USA		Country 30 USA											

9. Name and Address of Current Registered Agent
ROGERS, LORI
 2200 PARK CENTRAL BLVD NO
 STE #600
 POMPANO BCH FL 33064

10. Name and Address of New Registered Agent
 81 Name **Phillip AZUD**
 82 Street Address (P.O. Box Number is Not Acceptable)
759 Crystal Lake Drive
 83
 84 City **Pompano Beach** **FL** 85 Zip Code **33064**

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE **9-23-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GILBERT, EDWIN	
STREET ADDRESS	1304 JEFFREY ST	
CITY-ST-ZIP	BOCA RATON FL 33464	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GELB, LOUIS	
STREET ADDRESS	5420 NW 33RD AVE #106	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, JAMES	
STREET ADDRESS	1304 JEFFREY ST	
CITY-ST-ZIP	BOCA RATON FL 33464	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILBERT, EDWIN	
1.3 STREET ADDRESS	148 WAGON WHEEL LANE	
1.4 CITY-ST-ZIP	DOYLESTOWN, PA 18901	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GELB, LOUIS	
2.3 STREET ADDRESS	5420 NW 33RD AVE #106	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
3.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BATTAGLIA, JAMES	
3.3 STREET ADDRESS	1948 16th AVE.	
3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94116	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEITH, ROBERT	
4.3 STREET ADDRESS	800 The Safeguard Bldg. 435 Devon Park Dr.	
4.4 CITY-ST-ZIP	WAYNE, PA 19087	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BARKER, MICHAEL	
5.3 STREET ADDRESS	800 The Safeguard Bldg. 435 Devon Park Dr.	
5.4 CITY-ST-ZIP	WAYNE, PA 19087	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	UNGERER, SCOTT	
6.3 STREET ADDRESS	435 DEVON PARK DRIVE, SUITE 410	
6.4 CITY-ST-ZIP	WAYNE, PA 19087	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE: **James M. Battaglia** | **JAMES BATTAGLIA** 9/9/98 415-661-3072

CR2E034 (5/98)