

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90012 014 ***300.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002738

1. Corporation Name
INTEROFFICE/MIAMI, INC.



Principal Place of Business Mailing Address
 11350 RANDOM HILLS RD. SUITE 650 11350 RANDOM HILLS RD. SUITE 650
 FAIRFAX VA 22030 FAIRFAX VA 22030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 90 Park Avenue 26 90 Park Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 3100 27 3100
 City & State City & State
 23 New York, N.Y. 28 New York, N.Y.
 Zip Country Zip Country
 24 10016 25 USA 29 10016 30 USA

3. Date Incorporated or Qualified
05/30/1996

4. FEI Number Applied For
54-1789016 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, JOANNE	
STREET ADDRESS	11350 RANDOM HILLS RD STE 650	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, LINDA	
STREET ADDRESS	11350 RANDOM HILLS RD STE 650	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURNS, TERENCE J	
STREET ADDRESS	11350 RANDOM HILLS RD STE 650	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RECKLER, SCOTT	
STREET ADDRESS	225 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISANO, DANIEL	
STREET ADDRESS	225 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WIDDER, ARNOLD	
STREET ADDRESS	225 BROAD HOLLOW RD	
CITY-ST-ZIP	MELVILLE NY 11747	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Beale	
1.3 STREET ADDRESS	90 Park Avenue	
1.4 CITY-ST-ZIP	New York, N.Y. 10016	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alan Langer	
2.3 STREET ADDRESS	90 Park Avenue	
2.4 CITY-ST-ZIP	New York, N.Y. 10016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Steve Cooperman	
4.3 STREET ADDRESS	90 Park Avenue, Ste. 3100	
4.4 CITY-ST-ZIP	New York, N.Y. 10016	
5.1 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Peter Samitt	
5.3 STREET ADDRESS	90 Park Avenue	
5.4 CITY-ST-ZIP	New York, N.Y. 10016	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	David Beale	
6.3 STREET ADDRESS	90 Park Avenue, Ste. 3100	
6.4 CITY-ST-ZIP	New York, N.Y. 10016	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Asst. Secretary Date: 4-30-99 212-907-6162 Daytime Phone #

CR2E034 (1/98)