

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Barbara B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G42478** (9)

1. Corporation Name:  
**INTERFASE MARKETING, INC.**

Principal Place of Business: **8725 115TH AVE N LARGO FL 34643 US**  
Mailing Address: **8725 115TH AVE N LARGO FL 34643 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **25** Country: **29**  
Country: **30**

3. Date Incorporated or Qualified: **06/07/1983**  
3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-2305087** Applied For:  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 has liability for intangible tax under S. 193.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**THACKER, O. STEPHEN, ESQ.**  
**407 S. EWING AVE.**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81. Name:  
82. Street Address (P.O. Box Numbers Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0407 and 607.1509, 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, Sections 607.0407, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>SEVILLA, WILLIAM P.</b>
STREET ADDRESS	<b>8725 115TH AVE N</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>SEVILLA, MAUREN</b>
STREET ADDRESS	<b>8725 115TH AVE N</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>SEVILLA, THOMAS</b>
STREET ADDRESS	<b>8725 115TH AVE N</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

**700001928197**  
**-08/21/96--01035--014**  
**\*\*\*225.00**

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is true and accurate and that my signature shall have the same legal effect as if I had made it in person. I am an officer or director of the corporation or trustee or partner empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *William P Sevilla* **8/15/96** **813 393-0182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR