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Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L20564 (5)

1. Corporation Name  
INTERSTATE FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address  
13376 CLEVELAND AVE 13376 CLEVELAND AVE  
NORTH FT. MYERS FL 33903 NORTH FT. MYERS FL 33903-4815

3. Date Incorporated or Qualified 10/02/1989 3a. Date of Last Report 02/20/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0144659 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 7807 Eagles Flight Lane 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Ft. Myers, FL 28 Ft. Myers, FL 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 25 Country 29 33912 30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECHELSON, JACK  
13376 CLEVELAND AVE  
N FT MYERS FL 33903

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME           | STREET ADDRESS      | CITY - ST - ZIP | TITLE               | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|----------------|---------------------|-----------------|---------------------|------|----------------|-----------------|
| D     | ECHELSON, JACK | 13376 CLEVELAND AVE | N FT MYERS FL   | 1.1 TITLE           |      |                |                 |
| D     | ECHELSON, RITA | 13376 CLEVELAND AVE | N FT MYERS FL   | 1.2 NAME            |      |                |                 |
| D     | ECHELSON, IVAN | 13376 CLEVELAND AVE | N FT MYERS FL   | 1.3 STREET ADDRESS  |      |                |                 |
|       |                |                     |                 | 1.4 CITY - ST - ZIP |      |                |                 |
|       |                |                     |                 | 2.1 TITLE           |      |                |                 |
|       |                |                     |                 | 2.2 NAME            |      |                |                 |
|       |                |                     |                 | 2.3 STREET ADDRESS  |      |                |                 |
|       |                |                     |                 | 2.4 CITY - ST - ZIP |      |                |                 |
|       |                |                     |                 | 3.1 TITLE           |      |                |                 |
|       |                |                     |                 | 3.2 NAME            |      |                |                 |
|       |                |                     |                 | 3.3 STREET ADDRESS  |      |                |                 |
|       |                |                     |                 | 3.4 CITY - ST - ZIP |      |                |                 |
|       |                |                     |                 | 4.1 TITLE           |      |                |                 |
|       |                |                     |                 | 4.2 NAME            |      |                |                 |
|       |                |                     |                 | 4.3 STREET ADDRESS  |      |                |                 |
|       |                |                     |                 | 4.4 CITY - ST - ZIP |      |                |                 |
|       |                |                     |                 | 5.1 TITLE           |      |                |                 |
|       |                |                     |                 | 5.2 NAME            |      |                |                 |
|       |                |                     |                 | 5.3 STREET ADDRESS  |      |                |                 |
|       |                |                     |                 | 5.4 CITY - ST - ZIP |      |                |                 |
|       |                |                     |                 | 6.1 TITLE           |      |                |                 |
|       |                |                     |                 | 6.2 NAME            |      |                |                 |
|       |                |                     |                 | 6.3 STREET ADDRESS  |      |                |                 |
|       |                |                     |                 | 6.4 CITY - ST - ZIP |      |                |                 |

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. H. Echelson 3/10/97 (941) 768-0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)