

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

FILED

Mar 11 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 # L76695 (0)

1. Corporation Name  
INTERLAND MELBOURNE, INC.

Principal Place of Business

C/O MARIO G. DE MENDOZA III, ESQUIRE  
251 ROYAL PALM WAY, SIXTH FLOOR  
PALM BEACH FL 33480

Mailing Address

C/O MARIO G. DE MENDOZA III, ESQUIRE  
251 ROYAL PALM WAY, SIXTH FLOOR  
PALM BEACH FL 33480-4302

3. Date Incorporated or Qualified  
05/25/1990

3a. Date of Last Report  
03/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

c/o Mendoza, Callas & Schilling

26 Suite, Apt. #, etc.

27 251 Royal Palm Way, #602

28 City & State

28 Palm Beach, FL

29 Zip

33480

30 Country

USA

4. FEI Number

65-0196736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G. III ESQUIRE  
251 ROYAL PALM WAY  
SIXTH FLOOR  
PALM BEACH FL 33480

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	AS	<input type="checkbox"/> DELETE
NAME	DE MENDOZA, MARIO G. III	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	STEINPICHLER, MICHAEL	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINPICHLER, MICHAEL	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILKINSON, DEBRA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY - ST - ZIP	PALM BEACH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Steinpichler

x 2/21/97

561/659-1111

Daytime Phone #

CR2E034 (9/96)