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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93502

(7)

INTERFACE REALTY CORPORATION, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

Principal Plac 1200 NORTH F SUITE 200 BOCA RATON US	Mailing Address 1200 NORTH FEDERAL HWY SUITE 200 BOCA RATON FL 33432-281: US	DERAL HWY			Date Incorporated or Qualified 3a. Date of Last Report				
A D:!		· · · · · · · · · · · · · · · · · · ·				08/13/1990	04/18	/1996	
	Place of Business	2a. Mailing Address			(1. A)	4. FEI Number		h	polied For
Sulte, Apt.	N. FEDERAL HWY	26 1200 N . FSD Suite, Apt. #, etc.	ERAL		HWY	65-0250622			lot Applicable
22	ኤ po	27 300	O			5. Certificate of Status Desired]		Additional Sequired
City & State	е	City & State	.*			6. Election Campaign Financing		\$5.00	May Be
23 BOCA		28 BOCA PATO			<u>- L</u>	Trust Fund Contribution]		to Fees
Zip 24 3343	Country	Zip	Cour	•		8. This corporation has liability for intan	~		s. 199.032,
24 3343	9. Name and Address of Current		0]\	UŞ	SA	Florida Statutes Ye 10. Name and Address of New Register 10. Name and Address of New Register 10. Provide Statutes			
600	ODMAN, KENNETH J.	negistored Agent		31	Name	10. Name and Address of New Registe	eled M	9(1)	
	O NORTH FEDERAL HWY								
SUITE 200				32	Street Add	dress (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33432		-	33					
	27.1011.071.7.2.00.102		L						7
				34	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									
DIGITATIONE	Signature, typed or printed name of registered agent		Registered	Agen	nt signature requ	uired when reinstating) [5]	ATE		
12.	OFFICERS AND	·	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D DANIEL D	☐ DELETE	1.1 1111	Ę			L_	Change	L Addition
NAME	GOODMAN, DANIEL R. 1200 NORTH FEDERAL HWY #2	100	1.2 NAN						
STREET ADDRESS	BOCA RATON FL	200	1		ADDRESS				
CITY-ST-ZIP TITLE	D DOOR NATION PL	DELETE	1.4 C(T) 2.1 T(TL		· ZIP			T 05	4.4300
NAME	GOODMAN, CAROL A.	Land Dette (C	2.2 NAN				L] Change	☐ Addition
STREET ADDRESS	1200 NORTH FEDERAL HWY #2	200			ADDRESS	•			
CITY-ST-ZIP	BOCA RATON FL		2.3 SIR						
TITLE	P	DELETE	3.1 TITL		· 20°			Change	Addition
NAME	GOODMAN, KENNETH J		3.2 NAN	1E					
STREET ADDRESS	1200 NORTH FEDERAL HWY #2	200	3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		3.4. CIT						
TITLE		DELETE	4.1 7(1)					Change	Addition
NAME			4. 2 NAI	Æ	ļ				
STREET ADDRESS			4.3 STR	ET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY	- \$1	- ZIP				
TITLE		☐ DELETE	5.1 TITE	F				Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY		- ZIP			Change	Additor
NAME		☐ Mille	61 111L 62 NAM				<u> </u>	Change	L Addition
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	1 () () () () () () () () () (6.4 City		·				
14 I do hereb	by certify that the information supplied v	vith this filing does not qualify f	or the e	V00	nation state	ed in Section 119.07(3)(i), Florida Statutes. I fi	urther ce	rtify that	the
information I am an of appears in	n indicated on this annual deport or sup flicer or director of the conforation or the n Block 12 or Block 13 thanged, or of	pplemental annual report is true e receiver or trustee empowere n an attachment with an addre	e and ac ed to ex ss.	our ecu	ate and tha ite this repo	at my signature shall have the same legal effect ort as required by Chapter 607, Florida Statut	ect as if i es; and	nade un that my r	der oath; that name