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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # L93502 (7) INTERFACE REALTY CORPORATION, INC.					
Principal Class of Principals					i Bibil Bibil Bibil Bibil 1801
Principal Place of Business Mailing Address					
1200 N FEDE #200	HAL HWY	1200 N FEDERAL HWY #200			
BOCA RATON FL 33432 BOCA RATON FL 33432				DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a, Mailing Address		08/13/1990 4. FEI Number	Applied For
21 26		<u></u>		65-0250622	Applied For Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, et		Suite, Apt. #, etc.			\$8.75 Additional
22 27		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	ırrent year Intangible ☑ Yes ☐ No
24	25 g. Name and Address of Curren	29 29 1t Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	
GO	ODMAN, KENNETH J.		81 Name		
1200 NORTH FEDERAL HWY				ddress (P.O. Box Number is Not Acceptable)	
SUITE 200				Acess (F.O. Dox Mulliper is Not Acceptable)	
BOCA RATON FL 33432					
			84 City		85 Zip Code
				FL	<b>-</b>
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. La	im familiar with, and accept the obliga	ations of, Section 607.0505, Fa	forida Statutes.		
SIGNATURE Signature typed or printed name of tegistered agent and title if applicable. (NOTE: Registered Agent signature require				quired when reinstating) DATE	
12.	OFFICERS ANI		13,	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1,1 TITLE		Change Addition
NAME	GOODMAN, DANIEL R.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	D COODMAN CAROLA		2.1 TITLE 2.2 NAME		Li change Li Abdition
MAME GOODMAN, CAROL A. STREET ADDRESS 1200 NORTH FEDERAL HWY #200			2.3 STREET ADDRESS		<b>\</b>
CITY-ST-ZIP BOCA RATON FL			2.4 CITY-ST-ZIP		
TITLE	P	DELETE	3.1 TITLE		Change Addition
NAME	GOODMAN, KENNETH J				-
STREET ADDRESS	1200 NORTH FEDERAL HWY	#200	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4,1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE		Change (T) Wouldon
NAME OTDEET ADODESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		_ "	6.2 NAME		, –
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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.

6.4 CITY-ST-ZIP

**FILED** 

Mar 30 1998 8:00am

Secretary of State