
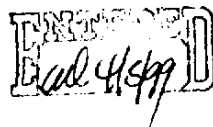
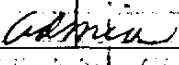



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
Name and Mailing Address of Limited Liability Company <b>INTERACTIVE SOFTWARE SYSTEMS, L.C. 4500 NORTH STATE ROAD 7 SUITE 302 FORT LAUDERDALE FL 33319</b>		<b>DOCUMENT # L98000000608</b>	
<b>1a. Principal Place of Business Address</b> 4500 NORTH STATE ROAD 7 SUITE 302 FORT LAUDERDALE FL 33319		<b>1b. Principal Place of Business Address</b> 4500 NORTH STATE ROAD 7 SUITE 302 FORT LAUDERDALE FL 33319	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip	
<b>3. Date Organized or Qualified</b> 05/14/1998		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> 65-0835057		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b>		<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b> VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, SUITE 34 MIAMI FL 33131		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>			
<b>SIGNATURE</b> _____ (Registered Agent Accepting Appointment) (Print Name)		<b>DATE</b> _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGR	ORLOVE, MICHAEL	4500 N. STATE ROAD 7, 3RD	FT. LAUDERDALE FL
MGR	FELDMAN, BERNARD	804 ST. ANDREWS ROAD	HOLLYWOOD FL
MGR	PEISACH, HARRY	8251 OLD CUTLER ROAD	CORAL GABLES FL
MGR	GLASS, HOWARD	4500 N. STATE ROAD 7, 3RD	FT. LAUDERDALE FL
			
<b>11. 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 is true and accurate and that my signature and name have been made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> 		4-5-99 954-484-4973	