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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25287

1. Corporation Name

INTERBUSINESS RESOURCES, INC.

Principal Place of Business

% ALAN B. SASLAW
20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL 33180

Mailing Address

% ALAN B. SASLAW
20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL 33180



2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/09/1988

4. FEI Number

65-0135638

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SASLAW, ALAN B
% ALAN B. SASLAW
20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL 33180

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE
NAME SCHWARTZ, LARRY
STREET ADDRESS 675 N. BISCAYNE RIVER DRIVE
CITY-ST-ZIP NORTH MIAMI FL 33169

TITLE PD ☐ DELETE
NAME GALE, JOEL D MD
STREET ADDRESS 1021 IVES DAIRY RD, BLDG 3 STE 121
CITY-ST-ZIP N M B FL 33179

TITLE TD ☐ DELETE
NAME TEMPLER, PAUL
STREET ADDRESS 740 N.E. 182ND STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE D ☐ DELETE
NAME SASLAW, ALAN B
STREET ADDRESS 20801 BISCAYNE BOULEVARD, SUITE 304
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 (305) 682-1600

Date

Daytime Phone #

CR2E037 (11/98)