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 # P34363

(2)

INTERSTATE MARKETING SERVICES INC.

FILED
Apr 30 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					1		
P.O. BOX 2536 P.O. BOX 2536 P.O. BOX 2536 DES PLAINES IL 60017-2536 DES PLAINES IL 60017-253			R				
DEG FEMINES IL 60017-2000		DES FERINES IE 00017-2000		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
Ì					06/18/1991		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			36-3729163	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 City & Cityle		27				Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	28 Zip	ip Country		Trust Fund Contribution	Added to Fees	
24	25	29	¬ ′		This corporation owes or has paid the cur Personal Property Tax due June 30.	Tent year intangible ☐ Yes ☐ No	
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered		
HALEY, WILLIAM				Name			
10 NORTH COLUMBIA ST.,			82	Stroot Ad	Idress (P.O. Box Number is Not Acceptable)		
LAI	KE CITY FL 32056-1029	OZ SHEEL AGU		utiless (1.0. box Number is Not Acceptable)			
	•		83				
1			84	City		85 Zip Code	
				•	FL	.	
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 ruge times agent and title it applicable. (NOTE Registered Agent signature requi						DIDECTORS IN 45	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	PATEL, VARSHA	Dettere	1.2 NAME		DIRECTOR/ SECRETARY	* 1	
	4295 EISENHOWER CIRCLE		1.2 NAME 1.3 STREET ADDRESS		ARVIND PATEL		
STREET ADDRESS CITY-ST-ZIP	HOFFMAN ESTATES IL		1.4 C(TY - ST	7(D	ARVIND PATEL 4295 EISENHOWER CIRCLE HOFFMAN ESTATES IL 60195		
TITLE	DP	DELETE	2.1 TITLE	ZIF	HOFFMAN-ESTATES, IL. C	Change Addition	
NAME	PATEL, ARVIND	_	2.2 NAME]			
STREET ADDRESS	4295 EISENHOWER CIRCLE		2.3 STREET AD	ODRESS			
CITY-ST-ZIP	HOFFMAN ESTATES IL		2. 4 CITY - ST -			į	
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREET AD	ODRESS		1	
CITY-ST-ZIP			3.4. CITY - ST-	ZIP			
TITLE	☐ DELETE 4.		4.1 TITLE			Change	
NAME			4. 2 NAME	- 1		l	
STREET ADDRESS			4.3 STREET AD	DRESS		İ	
CITY-ST-ZIP			4.4 CITY - ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME	l		l	
STREET ADDRESS			5.3 STREET AD	ŀ		l	
CITY-ST-ZIP		T severe	5.4 CITY - ST - 1	ZIP		Change LANGE	
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
name			6.2 NAME			l	
STREET ADDRESS			6.3 STREET AD				
CITY-ST-ZIP			6.4 CITY - ST - 1	ZIP		ale at a at 1 e	

4. I 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 in the receiver or trustate 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.

k 12 or Block 13 il changed, or on an attachment with an address.