SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37527** **(9)**

1. Corporation Name
INTERSTATE BUSINESS CORPORATION

Principal Place of Business	Mailing Address
222 SMALLWOOD VILLAGE CENTER ST. CHARLES MD 20602	222 SMALLWOOD VILLAGE CENTER ST. CHARLES MD 20602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/18/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **52-1066133** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JAMES J.	1.2 NAME	
STREET ADDRESS	222 SMALLWOOD VILLAGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MD	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, BARBARA A.	2.2 NAME	
STREET ADDRESS	222 SMALLWOOD VILLAGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MD	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JAMES MICHAEL	3.2 NAME	
STREET ADDRESS	222 SMALLWOOD VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MD	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, THOMAS B.	4.2 NAME	
STREET ADDRESS	222 SMALLWOOD VILLAGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MD	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	CRAMB, GUY L.	5.2 NAME	
STREET ADDRESS	222 SMALLWOOD VILLAGE CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MD	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: _____
Signature and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

0179427 FN