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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300003610

1. Corporation Name

INTERSTATE INVESTORS, INC.

		•						
Principal Place	of Business	Mailing Address				-\		
1095 JUPITER PARK DR 810 SATURN ST.								
28 28								
JUPITER FL 33458 JUPITER FL 33458						DO NOT WRITE IN THIS SPACE		
us us						3. Date Incorporated or Qualifed]
6 Drivete al Di	- of Punings	2a. Mailing Address				01/15/1993 4. FEI Number		Applied For
<u> </u>	ace of Business	26. Walling Address				65-0404405	\vdash	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			 -					5 Additional
22 27						5. Certifcate of Status Desired	•	Required
City & State City & State			-		,	6. Election Campaign Financing	\$5.0	00 May Be
23 28						Trust Fund Contribution	Adde	ed to Fees
Zip	Country Zip Co			ntry		8. This corporation owes the current ye		
24 25 29 30			30			Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent					Name	10. Name and Address of New Regis	tered Agent	
GORE, H.G.				81	Name			
810 SATURN ST.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE. 28				83		<u> </u>		
JUPITER FL 33458				03	_			
	,			84	City		FL 85 Z	ip Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the al	hove	-named coroo	pration submits this statement for the purpo	ose of changing	its registered
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								
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board or directors. I hereby accept the appointment as registered gagent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							ATE	—— i
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 707	LE			Chan	ge 🗌 Addition
NAME	GORE, H G		1.2 NA	ΜE				
STREET ADORESS	610 XANDAU PL		1.3 ST	REET	ADDRESS	,		
CITY-ST-ZIP			1.4 CI		-ZIP			- Daddition
TILE	_		2.1 TT	ILE	ŀ		☐ Chan	ge Addition
NAME	Solicit, Nobi E		2.2 NA		İ			ĺ
STREET ADDRESS	700 74 1100 7 2				ADDRESS			1
CITY-ST-ZIP				ITY-S	T-ZIP		Chan	ge [7] Addition
TITLE	D DOMESTIC BOOMERIE	DELETE	3.1 Π				Otlan	36 Madaton
NAME	SPITZNAGEL, ROSMARIE	- -	3.2 NA		ADDRESS			
STREET ADDRESS	19500 LOXAHATCHEE RIVER R	(U	4				1	Ì
CITY-ST-ZIP TITLE	JUPITER FL 33458	DELETE	3.4. CI 4.1 TT		1*41		Chan	ge Addition
NAME		<u> </u>	4.2N				_	ļ
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CT					f
TITLE		☐ DELETE	5.1 TIT				☐ Chan	ge Addition
NAME			5.2 NA	ΜE				ļ
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI		r-ZIP			
TITLE		☐ DELETE	6.1 ∏				☐ Chan	ge 🔲 Addition
NAME .			6.2 NA					
STREET ADDRESS					ADDRESS			ł
CITY-ST-ZIP			6.4 CI	TY-ST	r-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: