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

P93000031437 (5) **DOCUMENT #**

INTERSTATE FIXTURE SERVICE, INC.

Principal Place of Business Mailing Address 22269 9 NORTH SHEA RD. 400 EXECUTIVE CENTER DR. **LEXINGTON IN 47138** W. PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0430589 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Ves 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BROOME, WILLIAM R.H. 81 Name COMMERCE POINT, #202 82 Street Address (P.O. Box Number is Not Acceptable) 1818 AUSTRALIAN AVE. S. W. PALM BEACH FL 33409 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE MCBRIDE, L D NAME 1.2 NAME 1373 PINETA CIR STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCBRIDE, BARBARA 2.2 NAME NAME 1373 PINETTA CIR STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. Thereby 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

4.3 STHEET ADDRESS 4.4 CITY-ST-ZIP

53 STREET ADDRESS 5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

DELETE

DELETE

DELETE

FILED

Apr 07 1998 8:00am

Secretary of State

6888181

Addition

■ Addition

Addition

Change

Change

Change