FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF C	ORPORATIONS			
DOCUN 1. Corporation	MENT # P9300	0047972 (3)			
INTER	RACTIVE RESPONSE TECHN	IOLOGIES, INC.		1 18611661 HE 1866 THAT THAT BEST BE		
Principal Place	of Business	Mailing Address				
SUITE 11 MARGATE I	i state road 7 Fl 33068	777 SOUTH STATE RO SUITE 11 MARGATE FL 33058	AD 7	Date Incorporated or Qualified	3a. Date of Last Report	
US		US		07/08/1993	05/01/1995	
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For	
21 4410 *Apt.#	N STATE BAD 7	Suite, Apt. #, etc.		65-0420554	Not Applicable \$8.75 Additional	
22 200		27		5. Certificate of Status Desired	Fee Required	
City & State	iuberbale	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zιρ	Country	Zip	Country	8. This corporation has liability for		
24 3331	9. Name and Address of Current		30	Florida Statutes Yes 10. Name and Address of New F	Registered Agent	
			81 Name			
KRAMER, WILLIAM S			82 Street /	Corporate Services, In Address (P.O. Box Number is Not Acceptate	ole)	
980 N FEDERAL HWY SUITE 440			B3	Northeast Third Avenue	<u>}</u>	
	RATON FL 33432		Suit	e 1100		
			84 City Fort	Lauderdlae	FL 85 Zip Code 333301	
or registere	ed agent, or both, in the State of Florida	i. Such change was authorized	, the above named co by the corporation's	rporation submits this statement for the pu board of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am	
	h, and accept the obligations of, Section	A	۸۵	cictant Coopetany	4/4/96	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registered Agent signature re	sistant Secretary	4/4/90 DATE	
12. TITLE	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
NAME	PIERCE, MITCHELL A		1. 1 TITLE 1.2 NAME	DURCE MITCHELL A.	Change 🗋 Addition	
STREET ADDRESS	777 SOUTH STATE ROAD 7,	SUITE 11	1.3 STREET ADDRESS	4410 N STATE ROAD	7, Swite 200	
CITY - ST - ZIP	MARGATE FL		1.4 CITY-ST-ZIP	Ft. LANDERBALE, FL PRESIDENT	33319	
TITLE NAME	D Glickman, Robert A	DELETE	2 1 TITLE 2 2 NAME			
STREET ADDRESS	6512 PINES BLVD		2.3 STREET ADDRESS	BLASS, HOWARD H. 4410 N STATE ROAD	7 Suite 200	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	-7699	2.4 CITY - ST - ZIP	Ft. LAUBELDALE, FL	33319	
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME	ودالكاو معدد دين الأيكي المعامع والانتجازي فيه	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2 NAME			
STREET ADDRESS CITY-ST-ZIP	i		3.3 STREET ADDRESS 3.4 City-St-Zip			
TITLE	om man of the first section of the s	DELETE	4. 1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS	•		4 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		FT DELETE	5.4 CITY-ST-ZIP			
TITLE NAME		ר"] פנונוג			[] Change [] Addition	
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			64 CHY-ST-ZIP			
certify that	the information indicated on this annual	l report or supplemental annua	I report is true and ac	curate and that my signature shall have the	same legal effect as if made under	
oath; that I	DELETE 6 1 TITLE 62 NAME 63 STREET ADDRESS -ZIP 64 CHY-S1-ZIP Ito hereby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further writify 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 stift; 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 uppears in Block 12 or Block 13 if changed, or on an attachment with an address.					
	7 .	18/1/20		الالحاما	(454) 20x - (180 - 1022	
SIGNAT	UHE: TOWAND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	710176	Daytime Phone #	
	Hausa	alaca Xhacid	-		ext 2100	