

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000065657 (7)

1. Corporation Name

INTERDATE SYSTEMS AND TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

3266 HAVILAND CT
#204
PALM HARBOR FL 34684
US

P O BOX 2451
LARGO FL 33778-2451
US

FILED
May 14 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1993

4. FEI Number

58-3198449

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 905 E. M.L.KING JR DR.

26 (SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27

City & State

City & State

23 TARPON SPRINGS

28

Zip

Country

Zip

Country

24 34689

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAN, ROBERT H
905 E MARTIN LUTHER KING JR DR
SUITE 300
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME SWAN, ROBERT H.

1.2 NAME

STREET ADDRESS 905 E MARTIN LUTHER KING JR #300

1.3 STREET ADDRESS

CITY-ST-ZIP TARPON SPRINGS FL

1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME GENNARE, NIVEA M. P.

2.2 NAME

STREET ADDRESS 3266 HAVILAND CT #204

2.3 STREET ADDRESS

CITY-ST-ZIP PALM HARBOR FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-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.

CR2E034 (10/97)