

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

DOCUMENT # P94000013915 (1)
1. Corporation Name
INTERPOSE, INC.

FILED

98 JAN 23 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business ← Mailing Address Same
407-WHOOPING LOOP 901 N. Lake Destiny Dr. 407-WHOOPING LOOP
SUITE 1035 Suite 1035 SUITE 1035
ALTAMONTE SPRINGS FL 32701 Maitland, FL ALTAMONTE SPRINGS FL 32701
32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/16/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3225027	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PISELLO, THOMAS 407-WHOOPING LOOP 901 N. Lake Destiny Dr. SUITE 1035 Suite 1035 ALTAMONTE SPRINGS FL 32701 Maitland FL 32751				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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PISELLO, THOMAS			1.2 NAME	Otto Ritter		
STREET ADDRESS	202 PHILLIPS PLACE			1.3 STREET ADDRESS	733 Red Wing Dr.		
CITY-ST-ZIP	ORLANDO FL 32806			1.4 CITY-ST-ZIP	Lake Mary, FL 32746		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Daniel Friedlander		
STREET ADDRESS				2.3 STREET ADDRESS	5686 Cascade Place		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Boulder, CO 80303		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Paul Strassmann		
STREET ADDRESS				3.3 STREET ADDRESS	55 Talmadge Hill Rd.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	New Canaan, CT 06840		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Thomas F. Pisello		
STREET ADDRESS				4.3 STREET ADDRESS	532 Pine Meadow Dr.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	DeBary, FL 32713		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

CR2E034 (10/97)