

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000018267 (2)

1. Corporation Name

INTERFACE PROPERTIES, INC.



Principal Place of Business

4400 N FEDERAL HWY
STE 210
BOCA RATON FL 33431

Mailing Address

4400 N FEDERAL HWY
STE 210
BOCA RATON FL 33431

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 1200 N. FEDERAL HWY

Suite, Apt. #, etc.

22 200

City & State

23 BOCA RATON FL

Zip

24 33432

Country

2a. Mailing Address

26 1200 N. FEDERAL HWY

Suite, Apt. #, etc.

27 200

City & State

28 BOCA RATON FL

Zip

29 33432

Country

30

4. FEI Number

65-0489400

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, KENNETH
4400 N FED HWY
#210
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1200 N. Federal Hwy.

83 #200

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

TITLE ☐ DELETE

NAME D
GOODMAN, DANIEL
STREET ADDRESS 2143 NW 60TH CIR
CITY-STATE-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE

NAME D
GOODMAN, CAROL
STREET ADDRESS 2143 NW 60TH CIR
CITY-STATE-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE

NAME P
GOODMAN, KENNETH
STREET ADDRESS 4400 N FED HWY #210
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1200 N. Federal Hwy. #200

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

1200 N. Federal Hwy #200

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

1200 N. Federal Hwy #200

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Goodman

Date

4/11/96

Daytime Phone #

4074478300

CR2E034 (12/95)