

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 # P94000091517 (0)

1. Corporation Name

INTERACTION MEDIA CORPORATION



Principal Place of Business

~~100 SE 3RD AVE 1701 PONCE DE LEON BLVD.~~  
~~SUITE 4000~~  
~~FT LAUDERDALE FL 33304~~ CORAL GABLES, FLA.  
33134

Mailing Address

~~100 SE 3RD AVE 1701 PONCE DE LEON BLVD.~~  
~~SUITE 4000~~  
~~FT LAUDERDALE FL 33304~~ CORAL GABLES, FLA.  
33134

2. Principal Place of Business

21 1701 PONCE DE LEON BLVD.  
Suite, Apt. #, etc. 2<sup>ND</sup> FLOOR

2a. Mailing Address

26 1701 PONCE DE LEON BLVD.  
Suite, Apt. #, etc.

City & State

23 CORAL GABLES, FLA.

City & State

28 CORAL GABLES, FLA.

Zip

24 33134

Country

25 U.S.A.

Zip

29 33134

Country

30 U.S.A.

3. Date Incorporated or Qualified  
12/19/1994

3a. Date of Last Report  
05/18/1995

4. FEI Number  
65-0542810

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

~~COOPER, MARSHALL J~~  
~~100 SE 3RD AVE~~  
~~SUITE 4000~~  
~~FT LAUDERDALE FL 33304~~

10. Name and Address of New Registered Agent

81 Name KTGS REGISTERED AGENT CORPORATION  
82 Street Address (P.O. Box Number is Not Acceptable) ONE INTERNATIONAL PLACE  
83 Suite 2800  
84 City MIAMI, FLA. FL 85 Zip Code 33134

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 resigning)

Date

Mac H. Quebarck, Pres. KTGS Reg. Agent Corp. 4/22/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME ~~BURNSTINE, IRVING R.~~  
STREET ADDRESS 700 BRICKELL AVE  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE  
NAME DRESNER, MILTON H  
STREET ADDRESS 28777 NORTHWESTERN HWY  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE ☐ DELETE  
NAME DRESNER, JOSEPH S  
STREET ADDRESS 28777 NORTHWESTERN HWY  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE ☒ DELETE  
NAME ~~LEVINE, GEORGE~~  
STREET ADDRESS 12000 BISCAYNE BLVD SUITE 300  
CITY-ST-ZIP NORTH MIAMI FL 33181-2710

TITLE ☒ DELETE  
NAME ~~COOPER, MARSHALL J.~~  
STREET ADDRESS ONE FINANCIAL PLAZA STE. #1600  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T  
1.2 NAME BURNSTINE, MICHAEL  
1.3 STREET ADDRESS 1701 PONCE DE LEON BLVD.  
1.4 CITY-ST-ZIP CORAL GABLES, FLA. 33134 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE D/C/S  
3.2 NAME DRESNER, JOSEPH S.  
3.3 STREET ADDRESS 28777 NORTHWESTERN HWY  
3.4 CITY-ST-ZIP Southfield, Mi. 48034 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

MICHAEL BURNSTINE, Pres. agent

Date

4-10-96

Daytime Phone #

305 446 5900

CR2E034 (12/95)