FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mostham Secretary of State

FILED Apr 29 1998 8:00am

	1998	THE STATE OF THE S	DIVISION OF CO	ORPORATI	ONS	Secretar	y oi St	ate	
1		5000009	9352 (2)						
INTERACTIVE MICROSYSTEMS CORP.						2 1801(84) HO (810) BINI GAIN BAHI GAIN	ITAN BANG KAKAT KUBI BIN	A REAL LAND	
Principal Plac	e of Business	Maiti	ing Address			1 MOURE, HE WISE STAND BOUN BEIN BENN C	iniri anira inint ilitti aili	0 1/B1 (08)	
3635 N.W. 5TH AVENUE 3635 N.W. 5TH AVENUE									
BOCA RATON FL 33431 BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2. Principal Place of Business , 2a. Mailing Address						01/31/1995 4. FEI Number	la de la constante de la const	plied For	
213635 NW 5 ANG 25 SAMEN						65-0592863		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75		
22 ABVE							Fee Re		
23 BOCA RATON FLZE CITY & State						Election Campaign Financing Trust Fund Contribution	\$5.00 ☐ Added t		
Zip Country Zip Cour					/	8. This corporation owes or has paid		- ~	
2133°	ヤン 25 U ン 9. Name and Address	of Current Boolete		ю		Personal Property Tax due June 30		l No	
wo	NG, MANUEL	Of Collent Hegister	led Agent	81	Name	10, name and Address of New Regi	stered Agent		
3635 N.W. 5TH AVENUE				82	Ctroot	Charact Address (B.O. Day Number in New Assessments)			
BOCA RATON FL 33431				02	Street	Street Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL 85 Zip (Code	
11. Pursuant	to the provisions of Section	s 607.0502 and 607	.1508. Florida Statutes	the abov	e-named	corporation submits this statement for the pur		s registered	
office or	egistered agent, or both, in	the State of Florida.	Such charige was au Section 607,0505, Flori	thorized by	y the corp s.	corporation submits this statement for the pur poration's board of directors. I hereby accept to	the appointment as	registered	
SIGNATURE	Mari		UA	or ordinare		A925	al 115	198	
12.	Signature, typied or printed name of	registered agent and title if a CERS AND DIRECTO		Registered Age	eni signalure	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	[]	
TITLE	D	CENS AND DIRECT	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME	WONG, MANUEL		•	1.2 NAME					
STREET ADDRESS	3635 N.W. 5TH AVEN			1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33	431		1.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	2.1 TITLE			☐ Change	Addition C	
NAME STREET ADDRESS	\			2.2 NAME 2.3 STREET	ADDECC		·		
CITY-ST-ZIP				2.4 CITY-					
TITLE			DELETE	3.1 TITLE	<u> </u>		Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - :	ST-ZIP	 	Change	Addition	
NAME			C) better	4.1 TITLE 4.2 NAME			Change	C) Addition	
STREET ADDRESS		\		4.3 STREET					
CITY-ST-ZIP				4.4 CITY - S	IT-ZIP				
TITLE			DELETE	5.1 TITLE			☐ Change	Addition	
NAME				5.2 NAME	İ				
STREET ADDRESS				5.3 STREET		`			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	ii - ZiP		Change	Addition	
NAME		·	\	6.2 NAME			7		
STREET ADDRESS				6.3 STREET	ADORESS				
CITY-ST-ZIP				6.4 CITY-S	T- ZIP				
14. I hereby of indicated	certify that the information son this annual report or sur	upplied with this filin	g does not qualify for	the exemp	tion state	d in Section 119.07(3)(i), Florida Statutes. I fur nature shall have the same legal effect as if m	ther certify that the age under oath: tha	information	

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in