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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9500036823

1. Corporation Name

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90110 019 \*\*\*150.00

INTERST	TAR COMMUNICATIONS INC	•						
Principal Place	e of Business	Mailing Address			T THE TOTAL STATE OF THE STATE		trid <b>s a</b> tt <b>a</b> l 18118 (	11045 1111 (451
5315 S. BAYSHORE BLVD. TAMPA FL 33611  5315 S. BAYSHORE BLVD. TAMPA FL 33611					DO NOT WE	RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife 05/08/1995	d		
2. Principal P	lace of Business	2a. Mailing Addr	ess		4. FEI Number		App	olied For
21		26			59-3316877		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.	_	5. Certifcate of Status Desired		\$8.75 A	
22		27				<u></u>		guired:
City & State	e	City & State			6. Election Campaign Financing	<sup>3</sup> 🗆	\$5.00	
23		28		Country	Trust Fund Contribution	<del></del>	Added_to	o rees
Zip	Country	Zip		Country	8. This corporation owes the cu	rrent year Int		□No
24	25 25 Comment	29	30	<u> </u>	Personal Property Tax.  10. Name and Address of New	Registered		
	9. Name and Address of Current	vedioraran whali		81 Name	101 Items wild Ladings of Hou			
O'BI	RIEN, VINCENT A					1-1-1-X		
	09 N. 56TH ST.			82 Street Add	dress (P.O. Box Number is Not Accep	nable)		
	TE 102			83				
TAM	IPA FL 33617						7	
•				84 City		FL	85 Zip C	ode
11 Purguant	to the provisions of Sections 607.0502	and 607.1508, Flori	da Statutes. 1	the above-named cor	rporation submits this statement for th	e purpose of	changing its	registered
l office or r	registered agent, or both, in the State of the abligation of the abligation of the colligation of the colline of the	NELIORIGA SUCO COAN	ae was allina	onzeo ov the corporat	tion's board of directors. I hereby acc	ept trie appoi	nuneni as ieç	gistered
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14. I hereby certify that the information supplied with this filling 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 an appear with an address, with all other like empowered.

SIGNATURE:

W. TANDEDUR BERNSTOND