SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067790 (2)

REVERE INTERACTIVE CORPORATION

Mailing Address

FILED Aug 19 1998 8:00am Secretary of State



3101 SO. OCEAN BLVD. STE 120 HIGHLAND BEACH FL 33487					3101 SO. OCEAN BLVD. STE 120 HIGHLAND BEACH FL 33497				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995			
2.	Principal P	lace of Busin	ness	2a.	a. Mailing Address				4. FEI Number Applied For			
21				26	26				65-0605124 Not Applicable			
Suite, Apt. #, etc. 22			27					5. Certificate of Status Desired \$8.75 Additional Fee Required				
23	City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip 		Country 25	29	Zip	30 Cou	intry		This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No			
	9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
COCHRAN, GEORGE S							81 Name					
3101 SO, OCEAN BLVD #120 HIGHLAND BEACH FL 33487								Stree	t Address (P.O. Box Number is Not Acceptable)			
							63	ĺ				
							84	City	ity 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												
							Registered Agent signature required when reinstating) DATE					
12.		OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		P			L_ DEECTE		1 TITLE		Change Addition			
NAME COCHRAN, GEORGE							1.2 NAME					
STREET ADDRESS 3101 SO. OCEAN BLVD #120 CITY-ST-ZIP HIGHLAND BEACH FL								ADDRES:	KESS			
	ST-ZIP	HIGHLAN	IU BEAUTI FL			1.4 CI		-ZIP				
TITLE				Carlo Decerto		2.1 TITLE 2.2 NAME		Change Addition				
NAME												
STREET ADDRESS								ADDRESS	ESS			
TITLE	ST-ZIP				December	2.4 Cf 3.1 Tf		·ZIP				
NAME				DELETE			ME		Change Addition			
	ET ADDRESS							ADDRES:	PECS			
	ST-ZIP					3.4 CI						
TITLE					DELETE	4.1 1(1		201	Change Addition			
NAME						4.2 NA			Onengo Addition			
	ET ADDRESS					4.3 ST	REET	ADDRESS	XESS			
CITY-	ST-ZIP					4.4 CI	TY-ST	-2IP				
TITLE				···	DELETE	5.1 TI	ſLΕ		Change Addition			
NAME	:					5.2 NA	ME					
STRE	ETADDRESS					5.3 ST	REET	ADDRESS	Æ\$\$			
CITY-	ST-ZIP					5.4 CI	TY-ST	-ZIP				
TITLE		₹:			DELETE	6.1 TI	LΕ		Change Addition			
NAME	E					6.2 NA	ME					
STRE	ET ADDRESS	1				6.3 ST	REET	ADDRESS	KESS			
CITY-	ST-ZIP					6.4 CI	Y-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 amposered 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 altechnique, with an address.