


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90007 049 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000067945**  
 Corporation Name  
**INTERASIA, INC.**



Principal Place of Business PO BOX 8387 NAPLES FL 33941	Mailing Address PO BOX 8387 NAPLES FL 33941
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/01/1995</b>	4. FEI Number <b>65-0725231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCCAFFREY, JUDITH E</b> <b>5811 PELIVAN BAY BOULEVARD</b> <b>SUITE 206-A</b> <b>NAPLES FL 34108</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS Y-ST-ZIP	<b>DP</b> <b>BLACK, PRISCILLA M. C</b> <b>PO BOX 8387 N/A</b> <b>NAPLES FL 33941</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<b>TD</b> <b>ESPINOSA, FLORA B</b> <b>3131 58TH ST. S.W.</b> <b>NAPLES FL 34116</b> <input type="checkbox"/> DELETE	1.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<b>SD</b> <b>GULAPA, BERNADETTE</b> <b>3140 58TH ST. SW</b> <b>NAPLES FL 34116</b> <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<b>CD</b> <b>STEPHENS, JOHN H</b> <b>3131 58TH ST. SW</b> <b>NAPLES FL 34116</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<b>D</b> <b>BELLANDE, THAO</b> <b>916 EGRETS RUN</b> <b>NAPLES FL 33963</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 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]* **7/05/99** **941-262-1449**

CR2E034 (5/99)