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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

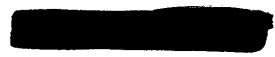
P95000073475 (2)
Interactive Innovations -CLARION-CORP:--

Incorporated

NC3:26-98

Ρ	rir	rci	pal	Plac	ce (of	Bus	iness

FILED Apr 20 1998 8:00am Secretary of State



3507 W. SAN TAMPA FL 33	PEDRO STREET	3507 W. SAN PEDRO STRI TAMPA FL 33629	EET		
Thair TE V	~~~	TAMEN 12 OUCE		DO NOT WRITE IN TH	IS SPACE.
				3. Date Incorporated or Qualified	
Principal F	Place of Business	2a. Mailing Address		09/22/1995 4. FEI Number	TA Una d'ant d'an
21	ideo or trasmess	26. Miching Acturess			Applied For Not Applicable
Suite, Apt.	#, e1 C.	Suite, Apl. #, etc.		59-3347468	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid the o	
24 .	25	a company of the contract of t	30	Personal Property Tax due June 30.	Yes XNo
4	- 	Current Registered Agent	81 Name	10. Name and Address of New Registers	O Agent
	NEX, DOMENICK J			Ginex, Domenick .	<u> </u>
ľ	O WEST LEONA STREET	=> CHANGE OF	Street .	Address (P.O. Box Number is Not Acceptable)	L
IAI	MPA FL 33629	ADDRESS ONL	4 83 35	07 W. San Pedro Str	<u>'ec</u>
İ		TIP DIA STORY			
			B4 City	Tamba F	L 85 Zip Code 33629
11. Pursuant	to the provisions of Sections (07.0502 and 607.1508 Florida Statule	s, the above named	corneration submits this statement for the nurness	of changing its registered
office or r agent. I a	rogi s tered agent, or both, in th im fa miliar with, and accept th	ie State of Florida. Such chan ge w as au ie obligations of, Section 607. 050 5, Flor	uthorized by the corp ida Statules.	poralion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	,	, , , , , , , , , , , , , , , , , , , ,			
	Signature, typed or printed name, of regi-		Registered Agent signature		
12.	·	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVTS	L_ DELETE	11 TITLE	PVT S DCM	Change
NAME DEDCET LEGGGG	GINEX, DOMENICK J		1.2 NAME	Ginax, Domenick J 3507 W. San Pedro Street	ا ا
STREET ADDRESS CITY-ST-ZIP	3500 W. LEONA ST. TAMPA FL		1.3 STREET ADDRESS	Tampa, FL 33629	
TITLE	IMMEN FL	DELETE	1.4 City - St - ZiP 2.1 Title	Jampa , FL 33601	Change Addition
NAME		-	2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 C(TY - ST - Z(P		
TITLE		DELETE	3.1 T(1) F		Change Addition
NAME			3.2 NAMŁ		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L_J DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-SI-ZIP 5 1 HTLF		Change Addition
NAME		ott. it	5 7 MAME		Li Change (Li Acconton
STREET ADDRESS			5.3 STREET AUDRESS		り>
CITY-ST-ZIP			5.4 CITY - ST - ZIP		4.20
TITLE		☐ DELETE	61 TIFLE	7000024935 -04/20/9801028	Change Addition
NAME			6.2 NAME		020
STREET ADDRESS			6.3 STREET ADDRESS	***150 . 00	
CITY-ST-ZIP	_		6.4 CITY-ST-ZIP		

14. Thereby 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 logal 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 13 if changed or on an attachment with an address