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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90022 035 ***150.00

DOCUMENT # P95000073582

1. Corporation Name INTERFASE NEXXUS, INC.



Principal Place of Business and Mailing Address fields for 8725 115TH AVENUE NORTH, LARGO FL 33773, US.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified (09/23/1995), 4. FEI Number (59-3335847), 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business, 2a. Mailing Address, 22. Suite, Apt. #, etc., 23. City & State, 24. Zip, 25. Country, 26. Suite, Apt. #, etc., 27. City & State, 28. Zip, 29. Country, 30. Zip, 30. Country

9. Name and Address of Current Registered Agent: SEVILLA, WILLIAM P, 8725 115TH AVENUE NORTH, LARGO FL 34643

10. Name and Address of New Registered Agent fields (81-85)

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4 and checkboxes for Change and Addition.

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...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/22/99 727 393-0089 Date Daytime Phone #

1L 002107C

CR2E034 (1/1/98)