PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

8725 115TH AVENUE NORTH LARGO FL 33773

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P95000073582

Corporation Name

Principal Place of Business

8725 115TH AVENUE NORTH

**LARGO FL 33773** 

INTERFASE NEXXUS, INC.

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

03-26-1999 90022 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/23/1995

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For	
21		26			59-3335847		Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5, Certifcate of Status Desired	\$8.75 A Fee Rec		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Zip Cour		8. This corporation owes the current year I	ntangible	l	
24	25	29	30		Personal Property Tax.		ŒNo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
05.4	1 1 A 14M1 1 1 A 1 A 1 A			81 Name			{	
	LLA, WILLIAM P			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	115TH AVENUE NORTH							
LAH	GO_FL 34643			83				
				84 City		. 85 Zip C	code	
	•			City	. F	L   "   = " "	{	
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 Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
40	Signature, typed or printed name of registered agent:  OFFICERS AND		13.	Agent signature reduit	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	D OFFICERS AND	DELETE	1.1 TI	n.e.	ADDITIONO/OFFACES TO OFFICERS.	Change	Addition	
	SEVILLA, WILLIAM P		1.2 NAA				_   ;	
NAME	8725 15TH AVENUE NORTH						\	
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CITY-ST-ZIP	LARGO FL 34643	C prietr	_	TY-ST-ZIP		☐ Change	Addition	
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NAME .			6.2 N	AME	•		<i>=</i>	
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STREET ADDRESS				TY-ST-ZIP			<b>=</b>	
CITY-ST-ZIP	i		0.70					

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 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, with all other like empowered.

SIGNATURE

SIGNATING DEGINED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/22/99 737 393-0089 Date Dayline Phone #