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May 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000077329

1. Corporation Name
INTERACTIVE TELESERVICES, INC.



Principal Place of Business

**2830 NORTH 28TH TERR
SUITE 118
HOLLYWOOD FL 33020
US**

Mailing Address

**7154 N. UNIVERSITY
SUITE 56
TAMARAC FL 33321
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

65-0617773

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7154 N. UNIVERSITY

2a. Mailing Address

26 PO Box 4149

Suite, Apt. #, etc.

22 #56

Suite, Apt. #, etc.

27

City & State
23 TAMARAC, FL 33321

City & State
28 EVERGREEN, CO

Zip Country
24 25 US

Zip Country
29 30 80437-4149 US

9. Name and Address of Current Registered Agent

**SHIPP, LARRY G. J
2830 NORTH 28TH TERRACE
SUITE 118
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 #56

84 City **TAMARAC**

85 Zip Code **FL 33321**

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 **LARRY G. SHIPP**
Signature, Print or typed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SHIPP, LARRY**
STREET ADDRESS **2830 NORTH 28TH TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☒ DELETE

NAME **SHIPP, AMANDA**
STREET ADDRESS **2830 NORTH 28TH TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7154 N. UNIVERSITY #56**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

303 679-9357

CR2E034 (11/98)