

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081166 (7)
1. Corporation Name

INTERACTIVE INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

**2200 WINTER SPRINGS BOULEVARD, STE 106-331
OVIEDO FL 32765-9344**

**2200 WINTER SPRINGS BOULEVARD, STE 106-331
OVIEDO FL 32765-9344**

3. Date Incorporated or Qualified **10/23/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number ☒ Applied For
Not Applicable

21 Suite, Apt #, etc 26 Suite, Apt #, etc 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip 25 Country 28 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, PETER ANTHONY	1.2 NAME	
STREET ADDRESS	2200 WINTER SPRINGS BOULEVARD, STE 106-331	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765-9344	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, DEBORAH E	2.2 NAME	
STREET ADDRESS	2200 WINTER SPRINGS BOULEVARD, STE 106-331	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765-9344	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, PETER ANTHONY III	3.2 NAME	
STREET ADDRESS	2200 WINTER SPRINGS BOULEVARD, STE 106-331	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765-9344	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LJUNGGREN, ROBERT C	4.2 NAME	
STREET ADDRESS	2200 WINTER SPRINGS BOULEVARD, STE 106-331	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765-9344	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with an address.

SIGNATURE:

Anthony Torres - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96 (407) 699-0004
DATE TELEPHONE PREFIX

CR2E034 (3/96)