

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000088993 (7)**

1. Corporation Name
INTERIM TECHNOLOGY INC.

Principal Place of Business 2050 SPECTRUM BLVD. FORT LAUDERDALE FL 33309	Mailing Address 2050 SPECTRUM BLVD. FORT LAUDERDALE FL 33309-3700
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/17/1995	3a. Date of Last Report 05/01/1996
				4. FEI Number 65-0619648	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, JOHN B ESQ. 2050 SPECTRUM BLVD. FORT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORENSEN, ALLAN C			1.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33309			1.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCY, RAYMOND			2.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD.			2.3 STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33309			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, JOHN B			3.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33309			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	THOMAS, LANCE		
STREET ADDRESS				4.3 STREET ADDRESS	41 W 480 BARLOW DRIVE		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	ST. CHARLES, IL 60175		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D/V/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	KRAUSE, ROY G.		
STREET ADDRESS				5.3 STREET ADDRESS	2050 SPECTRUM BLVD.		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	FT. LAUDERDALE, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	HAGGARD, PAUL		
STREET ADDRESS				6.3 STREET ADDRESS	2050 SPECTRUM BLVD.		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL		

14. I do 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.

SIGNATURE:  **Paul Haggard, Fin. VP/Treas.** 44-97 954-938-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)