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Apr 15 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 # **P95000096010 (0)**

1. Corporation Name

INTERACTIVE NETWORK SOLUTIONS, INC.

Principal Place of Business

**14848 OLD US 41, STE. 6
NAPLES FL 33963**

Mailing Address

**14848 OLD US 41, STE. 6
NAPLES FL 34110-6443**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-0640640 65-0646407	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	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

**SCHWARTZ, BERNHARD
14848 OLD US 41, STE. 6
NAPLES FL 33963**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	D/P/S/T
NAME	SCHWARTZ, BERNHARD	1.2 NAME	SCHWARTZ, BERNHARD
STREET ADDRESS	14848 OLD US 41, UNIT 6	1.3 STREET ADDRESS	14848 OLD US 41 UNIT 6
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	P	2.1 TITLE	
NAME	SCHREIBER, BERND	2.2 NAME	
STREET ADDRESS	14848 OLD US 41, UNIT 6	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	SCHLECHT, WILFRIED	3.2 NAME	
STREET ADDRESS	14848 OLD US 41, UNIT 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

SCHWARTZ, BERNHARD

4/10/97

941 594 2775

CR2E034 (9/96)