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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000030677 (4)

THE INTERLOG, INC.

Principal Place of Business 11629 ALTA CIR. N. JACKSONVILLE FL 32226 Mailing Address

11629 ALTA CIR. N. JACKSONVILLE FL 32226-2111

FILED Apr 23 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

0440014000

				04/02/1990		
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21		26		59-3383321 Not Applicable		
	Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23	,	28		Trust Fund Contribution Added to Fees		
	Zip Country	Zφ	Country	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes Yes No		
J.	9, Name and Address of Curr		1271	10. Name and Address of New Registered Agent		
	SASSER, KAY		81	Name		
11629 ALTA CIR. N. JACKSONVILLE FL 32228						
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			93	83		
			33			
			84	City FL 85 Zip Code		
11.	 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am famil ar with, and accept the obl 	ate of Florida. Such change was	s authorized by t	named corporation submits this statement for the purpose of changing its registered ne corporation's board of directors. I hereby accept the appointment as registered		
SIC	SNATURE Signature typed or printed name of registered	agen; and the if applicable (NO	OTE Registered Agent	signature required when reinstating) DATE		
12		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1171		DELETE	1.1 TITLE	Change Addition		
NAN	400000000000000000000000000000000000000		1.2 NAME	JOSEPH A ROURKS		
	SELADORESS 12544 DARYL HILL ROAD		1,3 STREET A			
	1401/00144115 51 404/4			WHITE SPRINGS, FL 32.096		
		DELETE	1.4 CITY-ST- 2.1 TITLE	Change Hadditor		
TITL	1 -	(IE) DECENE		PHILLIP PARRAMORE		
ΥĄ			2.2 NAME	LANGE CARRACE CIRS		
STH	GELIADORESS 3639 ERNEST STREET		2.3 STREET AL	DRESS 10/04-1 CANANOZ CIN 3		
CH	Y-ST-ZIF JACKSONVILLE FL 32205		2.4 CITY - ST			
BIL	-	DELETE	3.1 TITLE	PRES/D		
	, , , , , , , , , , , , , , , , , , ,					
NA!			3.2 NAME	ISELIN, PHILIPSE D		
	RELIADORISS 3639 ERNEST STREET		3.2 NAME 3.3 STREET A	DEESS 12544 DARYLHILL ROAD		
SIF	3639 ERNEST STREET JACKSONVILLE FL 32205			IP JACKSONVILLE, FL 32218		
SIF	V-SI-ZiP JACKSONMLLE FL 32205	☐ DELETE	3 3 STREET A	ZIP DACKSONVILLE, FL 32218 DEChange Addition		
\$16 CF 11ft	JACKSONVILLE FL 32205 E D	☐ DELETE	3.3 STREET AL 3.4, CITY-ST	ZIP DACKSONVILLE, FL 32218 V/ D LECTION THE CHANGE Addition		
STE CIF THE NAM	y ST-72 JACKSONMLLE FL 32205 D ME JSELIN, KENNETH A	☐ DELETE	3 3 STREET AI 3.4. CITY-ST- 4.1 TITLE 4. 2 NAME	ZIP DACKSONVILLE, FL 32218 V/ 8 V/ 8 ISEL IN, KENNETH A		
STE OF THE NAM STE	V ST-ZIP JACKSONMLLE FL 32205 IF D ISELIN, KENNETH A 11629 ALTA ROAD	☐ DELETE	3 3 STREET AI 3.4, CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AI	ZIP DACKSONVILLE, FL 32218 V) D Change Addition ISELIN, KENNETH A DIAGRAM DIAGRAM DIAGRAM Addition		
STE OF THE NAM STE OF	ACKSONMILE FL 32205 IE D ISELIN, KENNETH A 11629 ALTA ROAD JACKSONVILE FL 32228	_	3 3 STREET AI 3.4, CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-	ZIP DACKSONVILLE, FL 32218 V D Dechange Addition 15EL IN, KENNETH A DIMESS 11629 ALTA RD ZIP TACKSONVILLE, FL 32226		
STE DIE NAN STE CIT	ACKSONMILE FL 32205 IE D ISELIN, KENNETH A 11629 ALTA ROAD JACKSONVILLE FL 32228 JACKSONVILLE FL 32228	☐ DELETE	3.3 STREET AI 3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST- 5.1 TITLE	ZIP DACKSONVILLE, FL 32218 V/b Dechange Addition 15EL IN, KENNETH A DIDRESS 11629 ALTH RD ZIP TACKSONVILLE, FL 32226 5, T. I D LECTANGE Addition		
STE OF THE NAM STE OF THE NAM	ACKSONMILE FL 32205 IE D ISELIN, KENNETH A 11629 ALTA ROAD JACKSONVILE FL 32228 JACKSONVILE FL 32228 D SASSER, KAY F	_	3 3 STREET AI 3 4. CITY-ST- 4.1 TITLE 4. 2 NAME 4.3 STREET AI 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	ZIP DACKSONVILLE, FL 32218 V/b 15EL IN, KENNETH A DIRESS 11629 ALTH RD ZIP TACKSONVILLE, FL 32226 5, T./b SASSER, KAY F		
STA CIT THE NAM STA THE NAM STA	A SI-ZIP JACKSONMILE FL 32205 D	_	3 3 STREET AI 3 4, CITY - ST. 4 1 TITLE 4 2 NAME 4 3 STREET AI 4 4 CITY - ST. 5 1 TITLE 5 2 NAME 5 3 STREET AI	ZIP DACKSONVILLE, FL 32218 V/b 15EL IN, KENNETH A DIRESS 11629 ALTH RD ZIP TACKSONVILLE, FL 32226 5, T./b SASSER, KAY F		
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STE OF TURE NAM STE OF TUI BAN STE	ACKSONMILE FL 32205 D ME REFLADDIRS: 11629 ALTA ROAD JACKSONVILE FL 32226 F D SASSER, KAY F 11629 ALTA ROAD JACKSONVILE FL 32226 JACKSONVILE FL 32226	_	3 3 STREET AI 3 4. CITY - ST. 4 1 TITLE 4 2 NAME 4 3 STREET AI 4 4 CITY - ST. 5 1 TITLE 5 2 NAME 5 3 STREET AI 5 4 CITY - ST. 6 1 TITLE	ZIP DACKSONVILLE, FL 32218 VIB Change Addition 15EL IN, KENNETH A DIRESS 11629 ALTH RD SASSER, KAY F ZIP TACKSONVILLE, FL 32226 SASSER, KAY F ZIP TACKSONVILLE, FL 32226		
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STE	JACKSONMILE FL 32205 D ME ISELIN, KENNETH A 11629 ALTA ROAD JACKSONMILE FL 32226 JACKSONMILE FL 32226 D SASSER, KAY F 11629 ALTA ROAD JACKSONMILE FL 32226	☐ DELETE	3 3 STREET AI 3 4. CITY - ST. 4 1 TITLE 4 2 NAME 4 3 STREET AI 4 4 CITY - ST. 5 1 TITLE 5 2 NAME 5 3 STREET AI 5 4 CITY - ST. 6 1 TITLE	ZIP DACKSONVILLE, FL 32218 VIB Change Addition 15EL IN, KENNETH A JICKSONVILLE, FL 32226 S, T, I B SASSER, KAY F JORESS 11629 ALTA RD ZIP TACKSONVILLE, FL 32226 SASSER, KAY F JORESS 11629 ALTA RD ZIP TACKSONVILLE, FL 32226 Change Addition		

I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Profide Statutes. 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 efficier 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

SIGNAY ARE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

2-28-97 904-757-0484