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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | JAL REPO 1997 | ORT | Secretary of State DIVISION OF CORPORATIONS | | | | | | | Secretary of State | | | | |
|---|---------------------------------------|----------------|---|---|-----------------------|---------------------|---------------------------------------|--------------------|---------------------------|--|---|---------------------|--------------------------|---------------------------|
| DOCUN 1. Corporation | MENT Name | # P(| 960000 |)3 | 1755 (7) | | | | | | | | | |
| INTER-X INCORPORATED | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Principal Place of Business | | | | | Mailing Address | | | | | | | | | |
| 5401 SOUTH KIRKMAN ROAD SUITE 500 ORLANDO FL 32819 | | | | 5401 SOUTH KIRKMAN ROAD SUITE 500 ORLANDO FL 32819-7911 | | | | | | | | | | |
| | | | | | | | | | | 0 | ate Incorporated or Qualified 4/08/1996 | За. | Date of Last Re | epart |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | | 4. F | El Number 59-3375125 | | | plied For t Applicable |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | | | | | \$8.75 | |
| 22 | | | 27 | | | |] 5. | | | ertificate of Status Desired | | Fee Re | | |
| Cily & State | | | | | City & State | | | | | | ection Campaign Financing rust Fund Contribution | | \$5.00 Added t | |
| Zip | Country | | | Zip | | | Country | | | B. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 | 25 9. Name and Address of Curren | | | 29 30 | | | | | | | orida Statutes lame and Address of New R | Yes | ∐ No | |
| I ANI | | and Addi | eas of ourient | nogisi | ered Agent | | 81 | 1 | Name | 10. 11 | Ballie Bills Addition of them In | oği stole | na Agent | |
| LANE, PAUL C 5401 SOUTH KIRKMAN ROAD SUITE 500 | | | | | | | 82 | ļ., | Ctroot Addr | *opp (D.O | Day Number is Not Assessed | | | |
| | | | | | | | 02 | ľ | Street Addin | ress (P.O | . Box Number is Not Accepta | ible) | | |
| ORLANDO FL 32819 | | | | | | | 83 | | | | | | | |
| | | | | | | | | 84 City | | | | | 85 Zip (| Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, | | | | | | | | L | | | | L | | |
| office or re | egistered age | ons or Sec | h, in the State of | and 60 Florid | la. Such change was | utes, tr s autho | rized by | e-r y th | named corp he corporat | poration s tion's bos | ard of directors. I hereby aco | purpose pt the a | ppointment as | registered registered |
| | m familiär wit | n, and ac | cept the obligati | ons of | , Section 607.0505, F | lorida | Statute | S. | | | | | | |
| SIGNATURE | Signature typed | or printed nan | e of registered agent | and title | f applicable (NC | OTE: Regi | istered Ag | ent : | signature requir | ired when rei | nstating) | DATE | | |
| 12. | | | OFFICERS AND | DIREC | · | _ | 13. | | | AD | DITIONS/CHANGES TO OFF | CERS A | | |
| TITLE | D | TANO | | | ∐ DELETE | - 1 | 1.1 TOTLE | | | | | | Change | L_ Addition |
| NAME SMELIK, FRANS STREET ADDRESS DR. A VAN DER HORSTLAAN 1 | | | | | | | | 1.2 NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | THE NET! | | | | | | 1.3 STREET ADDRESS 1.4 City-St-Zip | | | | | | | |
| TITLE | D | ICI (LA) | | | ☐ DELE1E | _ | 2.1 TITLE | 51-, | ZIF . | | | | Change | Addition |
| NAME | KOSTERS | . JAN L | | | | | 2.2 NAME | | | | | | | _ |
| STREET ADDRESS HUIZEKAMPLAAN 37A 4153 XF | | | | | R BEESD : | | | 2.3 STREET ADDRESS | | | | | | ľ |
| CITY-ST-ZIP THE NETHERLANDS | | | | | | | | | ZIP | | | | | |
| TITLE | | | | | DELETE | | 3.1 TITLE | | | | | | Change | Addition |
| NAME | | | | | | ı | 3.2 Name | | | | | | | |
| STREET ADDRESS | | | | | | - 1 | 3.3 STREE | T AD | DDRESS | | | | | j |
| CITY-ST-ZIP | | | | | DELETE | _ | 3 4. CITY - | S1 - | ZIP | | | | Channe | Addition |
| TITLE | | | | | L_J DELETE | | 4.1 TITLE | | | | | | L Change | ☐ Addition |
| NAME STREET ADDRESS | | | | | | ı | 4. 2 NAME | | DDDECC . | | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | | | | | 4.3 STREE 4.4 CITY - (| | - 1 | | | | | |
| TITLE | | | | | DELETE | _ | 5.1 TITLE | J 1 - 1 | 6411 | | | | Change | Addition |
| NAME | | | | | | 1 | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | 5.3 STREET | T AD | ODRESS | | | | | |
| CITY-ST-ZIP | | | | | | | 5 4 CITY - 5 | ST-2 | ZIP | | | ······ | | |
| THLE | | | | | DELETE | | 61 TITLE | | 1 | | <u></u> | | ☐ Change | Addition |
| NAME | | | | | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | [| 6.3 STREET | T AD | DDRESS | | | | | |
| CITY-S1-ZIP | ay cortify that | the info | action europied | M | is filing for any and | | 6.4 CITY-5 | | | d in Soci | on 119 07(3)(i) Florida Statut | ac I for | har cartify that | the |

s immorphism of quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the interpolar report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if the curve of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name the curve with an address. I am an officer or director of the corporation of supplied with the supplied on this annual report or supplied and an officer or director of the corporation or papears in Block 12 or Block 13 if changed, of the corporation of the corporation of the supplied of the suppl

FILED

Feb 13 1997 8:00am