

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90249 017 ***150.00

DOCUMENT # P96000031755

1. Corporation Name

INTER-X INCORPORATED



Principal Place of Business

5401 SOUTH KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

Mailing Address

5401 SOUTH KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 LANE & ASSOCIATES, P.A.
5301 CONROY ROAD, SUITE 140
ORLANDO, FLORIDA 32811

2a. Mailing Address

26 LANE & ASSOCIATES, P.A.
5301 CONROY ROAD, SUITE 140
ORLANDO, FLORIDA 32811

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

59-3375125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LANE, PAUL C
5401 SOUTH KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name Paul Camp Lane
82 Street Address (P.O. Box Number is Not Acceptable)
5301 Conroy Road
83 Suite 140
84 City Orlando
85 Zip Code FL 32811

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

4-19-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SMELIK, FRANS
STREET ADDRESS DR. A VAN DER HORSTLAAN 7 1411 DA NAARDEN
CITY-ST-ZIP THE NETHERLANDS

TITLE D ☒ DELETE
NAME KOSTERS, JAN L
STREET ADDRESS HUIZEKAMPLAAN 37A 4153 XR BEESD
CITY-ST-ZIP THE NETHERLANDS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99 (407) 316-0343

CR2E034 (1/98)