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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

01-16-97 407 657-0316

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000055078 (5)

INTERLOCKEN SOLUTIONS, INC.

					8810)
Principal Place of Business		Mailing Address			<b>3001 6719 671</b> 1 6811 1864 1864 1864 1864
208 VILLLAGE LANE WINTER PARK FL 32792		208 VILLLAGE LANE WINTER PARK FL 32792-3413			
				3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
21	ace of Business	28. Mailing Address 26		4. FEI Number 59-3386109	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	18.000 1 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.00 - 18.	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	1	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
CAMPBELL, KIRK M				eve Kirsch	<b>+</b> +-
101 SUNNYTOWN TOAD STE 200			82 Street Add	iress (P.O. Box Number is Not Acceptable	θ)
CASSELBERRY FL 32707			83 3	or Village	Lane
			84 City	Nter Park	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 (16-97)					
			NOTE Registered Agent signature requ		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1 1 TITLE		Change Addition
NAME	KIRSCHT, STEVE		1 2 NAME		
STREET ADDRESS	208 VILLLAGE LN		1.3 STREET ADDRESS		•
CITY-ST-7iP	WINTER PARK FL 32792	PELETE	1.4 City - ST - ZIP		
TITLE		DELETE	21 TITLE		L. Change . Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		Dritte	2. 4 CITY - ST - ZIP		
TITLE		L DELETE	3.1 TITLE		Change - Addition
NAME			3.2 NAME		·
STREET ADORESS			3.3 STREFT ADDRESS		
CITY-ST-ZIF TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME				•	☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
CITY - ST- ZIP			4.3 STREET ADDRESS		۱.
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		Otter	5.2 NAME		Strange Rudillott
STREET ADDRESS					
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		F bereit	6.2 NAME		Griange Addition
STREET ADDRESS			•		
CITY-ST-ZIP			6 3 STREET ADDRESS 6 4 City-St-Zip		
John Gr En			040111-91-71		

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 attachypent with an address