


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

**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90008 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000058876			
1. Corporation Name <b>INTERFACED SYSTEMS LIMITED</b>			
Principal Place of Business 6610 N. University Drive #220 Tamarac 33321, FL		Mailing Address 6610 N. University Drive #220 Tamarac 33321, FL	
2. Principal Place of Business 21 565 Jefferson Drive Suite, Apt. #, etc. 22 #113 City & State 23 DEERFIELD BEACH Zip 24 33442 Country 25 USA		2a. Mailing Address 26 565 Jefferson Drive Suite, Apt. #, etc. 27 #113 City & State 28 DEERFIELD BEACH Zip 29 33442 Country 30 USA	
3. Date Incorporated or Qualified 07/15/1996			
4. FEI Number 65-0682377		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent D DIROCCO, RAYMOND M. 6610 University Drive #220 Tamarac, FL 33321		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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIROCCO, RAYMOND M.	1.2 NAME	
STREET ADDRESS	6610 University Drive #220	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tamarac, FL 33321	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPPS, IAN	2.2 NAME	
STREET ADDRESS	6610 University Drive, #220	2.3 STREET ADDRESS	565 Jefferson Drive #113
CITY-ST-ZIP	Tamarac, FL 33321	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPPS, CATHERINE	3.2 NAME	
STREET ADDRESS	6610 University Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tamarac, FL 33321	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPPS, CATHERINE	4.2 NAME	
STREET ADDRESS	6610 University Drive	4.3 STREET ADDRESS	565 Jefferson Drive #113
CITY-ST-ZIP	Tamarac, FL 33321	4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/99

Date

6/2/99

Daytime Phone #

954-570-3255

CR2E034 (11/98)