

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015775 (4)

1. Corporation Name

INTERACTIVE TELENETIC SYSTEMS, INC.



Principal Place of Business

Mailing Address

622 VIRGINIA DRIVE
ORLANDO FL 32803

622 VIRGINIA DRIVE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

59-3424497

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 620 VIRGINIA DRIVE

26 620 VIRGINIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO FL

28 ORLANDO FL

Zip Country

Zip Country

24 32803

25

29 32803

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, EUGENE T
622 VIRGINIA DRIVE
ORLANDO FL 32803

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
NAME MURPHY, EUGENE T
STREET ADDRESS 622 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE P.D.
1.2 NAME MURPHY, EUGENE T.
1.3 STREET ADDRESS 622 VIRGINIA DR
1.4 CITY-ST-ZIP ORLANDO, FL 32803

☒ Change ☐ Addition

2.1 TITLE VP, D
2.2 NAME KOERNER, STEVEN D
2.3 STREET ADDRESS 15 PLUMOSA AVE
2.4 CITY-ST-ZIP CASSELBERRY, FL 32707

☐ Change ☒ Addition

3.1 TITLE T.D.
3.2 NAME MURPHY, CHRISTOPHER C.
3.3 STREET ADDRESS 27 W. HARVARD
3.4 CITY-ST-ZIP ORLANDO, FL 32803

☐ Change ☒ Addition

4.1 TITLE S.D.
4.2 NAME WARREN RICHARD J.C.
4.3 STREET ADDRESS 1500 CAMPBELL AVE.
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

4/4/98 407-884-3505

CR2E034 (10/97)