PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026743

1. Corporation Name

INTERBASE INCORPORATED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90039 034 ***150.00



| Principal Place of Business | | Mailing Address | | | | T 1981/001 HR SATH EBUT EBUT BUT DOUG BUT DOUG BUT DOUG ALONG H | II IBBI |
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| 3105 CARDINAL DRIVE | | 3105 CARDINAL DRIVE | | | | | |
| VERO BEACH FL 32963 | | VERO BEACH FL 32963 | | | DO NOT WOITE IN THE CRACE | | |
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| | | | | | | 3. Date Incorporated or Qualifed | l |
| | | 2- Mailing Address | | | | 03/20/1997 4. FEI Number Applied F | or |
| — · | face of Business | 2a. Mailing Address | | | | 65-0736416 Not Appl | |
| Suite, Apt. | # 605 | 26 Suite, Apt. #, etc. | | | | \$8.75 Additio | |
| 22 Suite, Apr. | #, 610. | 27 | | | | 5. Certificate of Status Desired Fee Required | - 1 |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May E | e |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fee | |
| Zip | Country | Zip | Cor | untry | - | 8. This corporation owes the current year Intangible | - |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. Yes No | |
| | 9. Name and Address of Curre | nt Registered Agent | | <u> </u> | T | 10. Name and Address of New Registered Agent | |
| 14/5715 | DCI 144DI | | | 81 | Name | | |
| WEIBEL, MARK | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| 3105 CARDINAL DRIVE VERO BEACH FL 32963 | | | | | ļ | | |
| VER | U BEAUTI PL 32963 | | | 83 | | | |
| | | | | 84 | City | FL 85 Zip Code | |
| | | | | L | <u> </u> | | orod |
| office or r | existered agent, or both, in the State | e of Florida. Such change was | authorized | a by | the corporation | poration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as registers | d |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, F | lorida Stat | tutés | • | | ļ |
| SIGNATURE | | | | | | ed when reinstating) DATE | - |
| | Signature, typed or printed name of registered ag | ent and title if applicable. (NO ND DIRECTORS | 13. | | it signature required | ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 |
| TITLE | PD | DELETE | 1.1 71 | | | | Addition |
| | BALLARD, MARK | | | LAME | 1 | | \ |
| NAME | A LAT O LOOMING DOUG | | | | TADDRESS | | |
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| NAME | WEIBEL, MARK | | 2.2 NAME | | | Change | Addition |
| STREET ADDRESS | A | | 2.2 N | AME | | Change | Addition |
| CITY-ST-ZIP | | | | | T ADORESS : | Change | Addition |
| TITLE | | | 2.3 \$ | | ţ | Change | Addition |
| | VERO BEACH FL 32963 | DELETE | 2.3 \$ | TREET | ţ | · • • • • • • • • • • • • • • • • • • • | Addition |
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14. 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:

URE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR