

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90191 034 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000061554**

1. Corporation Name  
**THE INTERESTING DISTRACTION, INC.**



Principal Place of Business  
 13304 HOLLOWBEND LANE  
 RIVERVIEW FL 33569

Mailing Address  
 13304 HOLLOWBEND LANE  
 RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/28/1997**

2. Principal Place of Business  
 21 **1524 River Reach Dr.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **1524 River Reach Dr.**  
 Suite, Apt. #, etc.

4. FEI Number  
**59-3467321**

22 **Suite 203**  
 City & State

27 **Suite 203**  
 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Orlando, FL.**  
 Zip Country

28 **Orlando, FL.**  
 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32828** 25 **U.S.**

29 **32828** 30 **U.S.**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COONEY, COLUM**  
 13304 HOLLOWBEND LANE  
 RIVERVIEW FL 33569

81 Name **Cooney, Colum**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1524 River Reach Dr.**  
 83 **Apt # 203**  
 84 City **Orlando** FL 85 Zip Code **32828**

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  DELETE  
 NAME **VPT**  
 STREET ADDRESS **COONEY, FRANCES K.**  
 CITY-ST-ZIP **54 S VILLAGE GREEN**  
**BUDD LAKE N. 07828**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PSD Cooney not Cooney**  
 STREET ADDRESS **COONEY, COLUM**  
 CITY-ST-ZIP **11819 BOARDWALK DR #3131A**  
**ORLANDO FL 32866** } **Changed**

2.1 TITLE  Change  Addition  
 2.2 NAME **Cooney Colum**  
 2.3 STREET ADDRESS **1524 River Reach Dr Apt #203**  
 2.4 CITY-ST-ZIP **Orlando, FL. 32828**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/99** (407) 207-4590  
 Date Daytime Phone #

CR2E034 (1/198)