

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000057492**

1. Corporation Name

**FIRST INTERACTIVE, INC.**

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90020 034 \*\*\*550.00

0066757



Principal Place of Business		Mailing Address	
2269 S. UNIVERSITY DRIVE SUITE 246 PLANTATION FL 33324		2269 S. UNIVERSITY DRIVE SUITE 246 PLANTATION FL 33324	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 27 28 29 30	
22 City & State		27 28 29 30	
23 Zip	Country	Zip	Country
24 25		26 27	28 29 30

3. Date Incorporated or Qualified

**06/26/1998**

4. FEI Number	<b>65-0846722</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MARLOWE, RONALD J  
880 MIAMI CENTER  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City <b>FL</b> <b>85</b> 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 **9/13/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JASON A		1.2 NAME
STREET ADDRESS	230 NW 107 AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KAREN J		2.2 NAME
STREET ADDRESS	230 NW 107 AVE.		2.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENN, RAYMOND		3.2 NAME
STREET ADDRESS	10971 NW 12TH PLACE		3.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL 33322		3.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANULKIN, RICHARD		4.2 NAME
STREET ADDRESS	1393 NW 124 AVE.		4.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33026		4.4 CITY-ST-ZIP
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/99 800-818-6092**

Conting. Phone #

CR2E034 (5/99)