

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90003 043 \*\*\*150.00

DOCUMENT # P98000073260

1. Entity Name  
INTERSTATE ACQUISITION CORP.



Principal Place of Business  
8177 GLADES RD STE 209  
BOCA RATON, FL 33433

Mailing Address  
8177 GLADES RD STE 209  
BOCA RATON, FL 33433

040003008



01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1631957

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SINGER, DEL T  
7351 VALENCIA DRIVE  
BOCA RATON, FL 33433

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SINGER, DEL T
STREET ADDRESS	8177 GLADES RD STE 209
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	P
NAME	SINGER, DEL T
STREET ADDRESS	8177 GLADES RD STE 209
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	ST
NAME	WASACZ, STANLEY L
STREET ADDRESS	8177 GLADES RD STE 209
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

TREAS 2/10/04

Date

Daytime Phone #