

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083793

1. Entity Name
INTERNOLIX CORPORATION

Principal Place of Business Mailing Address
109 BAY TO BAY BLVD., STE. 309 2909 BAY TO BAY BLVD., STE. 309
TAMPA FL 33629 TAMPA FL 33629-0176

840034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Sure. Apt. #, etc. Sure. Apt. #, etc.
City & State City & State
Zip Country Zip Country
4. FR Number 59-3549528 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA FL 33629
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

3. 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.

NATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [] FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. [] \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	CARLO DE MICCO, LUIGI	INTERNOLIX AB, JUSTUS-STAUDT-STRASSE 2	D-85555 UMBURG	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: [Signature] CARLO DE MICCO 4-28-00 Date
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Date

CR2E034 (B/99)