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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # S55296

(5)

INTERLAND MANAGEMENT, INC.

## FILED Apr 30 1998 8:00am Secretary of State

Principal Place 8330 N/W 53 MIAN PL 531  2. Principal Pl 21 72 2 Sulte, Apt. 52	ace of Business TNW 29th Avenue	Mailing Address p30, NW, 53RD STREE  MAMILE 23169  2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/28/1991  4. FEI Number  65-0266097  5. Certificate of Status Desired  Fee Required  6. Election Campaign Financing Trust Fund Contribution  7. Applied For Not Applicable  \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
11. Pursuant to office or reagent. I ar	9. Name and Address of Current II WARD BAUSTINY  WY N.W./58RD/97/, #308/ WIFY 33/98/  **RESIGNED 4/  to the provisions of Sections 607.0502 agistered agent, or both, in the State of maintain and accept the obligation	Registered Agent  1/1/98  and 607.1508, Florida Statt f Florida. Such change was ons of, Section 607.0505, F	81 Name 82 Street Addi 83 84 City M	10. Name and Address of New Registered Agent  SCAR ACARANDID  Iress (P.O. Box Number is Not Acceptable)  FLOOR  FLOOR  1 AM  FL 85 Zip Code 3 3 1 4 7 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
***************************************	Signature typod or printed name of registered agent		OTF: Registered Agent signature requir	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD ACHARANDIO, OSCAR 3250 NW 65TH ST MIAMI FL VD	DIALCTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  21 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ, AVELARDO R 3250 NW 65TH STREET MIAMI FL	☐ OELETE	22 NAME 23 STREET ADDRESS 2.4 CITY-S1-2IP 3.1 TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip	
NAME STREET ADDRESS CITY-ST-ZIP		∟ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(_) OELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	61 TITLE 62 NAME 6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP 14. I hereby c	ertify that the information supplied with	this filing does not qualify	6.4 CITY-ST-ZIP 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 for on an attachment with an address.

SIGNATURE:

PRESIDENT 4/22/98 (30