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

**FILED** Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)S59083 INTERSTATE SUBS, INC. Principal Place of Business Mailing Address 7038 OKEECHOBEE ROAD 7038 OKEECHOBEE ROAD FT. PIERCE FL 34945 FT. PIERCE FL 34945 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0295671 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year intangible 25 29 30 Personal Property Tax due June 30. Yes ΠNo 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LONG, MARIE 1800 N ROOSEVELT BLVD 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 Zip Code 11. Pursuant to the provisions of Sociions 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, or 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. dong **SIGNATURE** name of registered act. Sind title if applicable (NOTE Hegistered Agent signature required when reinstaling CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TIFLE LONG, MARIE NAME 1.2 NAME 1800 N. ROOSEVELT BLVD. STREET ADDRESS 1.3 STREET ADDRESS **KEY WEST FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE LONG, MARIE NAME 2.2 NAME 1800 N. ROSSEVELT BLVD. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

6 1 TITLE

62 NAME

14. Thereby certify that the information supplied with this filling 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 suppliemental armual 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

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

Change

561489-8833

☐ Addition