

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706477 (7)
1. Corporation Name
INTERCONDOMINIUM GROUP, INC.



Principal Place of Business: 2545 S. OCEAN BLVD. PALM BCH. FL 33480
Mailing Address: 2545 S. OCEAN BLVD. PALM BCH. FL 33480

3. Date Incorporated or Qualified: 11/26/1963
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number: 59-2511163
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GRUNDER, JOHN C
2565 SOUTH OCEAN BLVD.
P.O. BOX 831
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAILEY, ROBERT	
STREET ADDRESS	2545 SOUTH OCEAN BLVD #311	
CITY-ST-ZIP	PALM BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARTZ, STANLEY	
STREET ADDRESS	2565 SOUTH OCEAN BLVD #323	
CITY-ST-ZIP	PALM BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, NICHLAS	
STREET ADDRESS	2545 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINHARDT, MILTON	
STREET ADDRESS	2560 SOUTH OCEAN BLVD #203	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, GLADYS	
STREET ADDRESS	2560 SOUTH OCEAN BLVD #203	
CITY-ST-ZIP	PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nichlas Battaglia* 1/29/96 407-585-4272
NICHLAS BATTAGLIA SECRETARY
Date: Day/Time Phone #

CR2E037 (12/95)