

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

ASSOCIATED PROPERTY MANAGEMENT
 400 SOUTH DIXIE HIGHWAY
 SUITE #10
 LAKE WORTH, FL 33460



2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/26/1963
 3a. Date of Last Report 06/06/1996

4. FEI Number 59-2511163
 Applied For Not Applicable

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

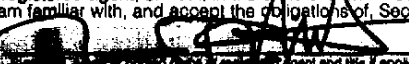
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 GRUNDER, JOHN C
 2565 SOUTH OCEAN BLVD.
 P.O. BOX 631
 PALM BEACH FL 33480

10. Name and Address of New Registered Agent
 61 Name
 6 ASSOCIATED PROPERTY MANAGEMENT
 6 400 SOUTH DIXIE HIGHWAY
 6 SUITE #10
 6 LAKE WORTH, FL 33460
 6

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:  DATE: 7/23/97

(NOTE: Registered Agent signature required when reinstating)

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	

14. I do 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 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 or is changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

CR2E037 (4/97)