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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706477 (7)

1. Corporation Name
INTERCONDOMINIUM GROUP, INC.



Principal Place of Business 2545 S. OCEAN BLVD. PALM BCH. FL 33480	Mailing Address 400 S DIXIE HWY STE #10 LAKE WORTH FL 33480 US
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3. Date Incorporated or Qualified 11/26/1963	
4. FEI Number 59-2511163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
 400 S DIXIE HWY
 STE #10
 LAKE WORTH FL 33460**

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 reinstating) DATE _____

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 checked="" type="checkbox"/> DELETE
NAME	BATTAGLIA, NICHLAS	
STREET ADDRESS	2545 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	Ø	<input checked="" type="checkbox"/> DELETE
NAME	STEINHARDT, MILTON	
STREET ADDRESS	2560 SOUTH OCEAN BLVD #203	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	DS	<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	PD
1.3 STREET ADDRESS	Pym's, Jack
1.4 CITY-ST-ZIP	2545 South Ocean Blvd, #209
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	Kawall, Manfred
2.4 CITY-ST-ZIP	2545 South Ocean Blvd, #312
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Winkler, Joe
3.3 STREET ADDRESS	2545 South Ocean Blvd
3.4 CITY-ST-ZIP	Palm Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TSD
4.3 STREET ADDRESS	Abrams, Alan
4.4 CITY-ST-ZIP	2565 South Ocean Blvd, #114
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 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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **3/12/98**

CFR2E037 (10/97)