File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



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

98 MAR 16 PM 1:41

SECRETARY OF STATE DIVISION OF CORPORATIONS

FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

DOCUMENT # 19700000842

INTERCOMPANY COMPUTER SOLUTIONS, L.C. 19452 CEDAR GLEN DRIVE BOCA RATON FL 33434

1a. Principal Place of Business Address

19452 CEDAR GLEN DRIVE BOCA RATON FL 33434

2. Principal Place of Business		2a. Mailing Address			3. Date Organized or Qualified	3a. State of Formation
Sulle, Apt. #, etc.		Sulte, Apt. #, etc.			08/04/1997	FL
					4. FEI Number	Applied For
City & State		City & State			Not Applicable	
Zip	Country	Zip	Country		5. Date of Last Report	6. Certificate of Status Desired
	355/11/	2.5				\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office		
SHERIDAN, LEO				Name		
2243 16TH AVENUE NORTH TAMPA FL 33713				Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.			
				City	FL	Zip Code
9. Pursuant to the provis					liability company submits this state	

as registered agent, and accept the obligations.								
SIGNATURE		DATE						
	(Registered Agent Accepting Appointment) (N	NOTE Registered Agent alguature required when reinstating)						
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code					

MEM BEHRMANN, ANDREAS 20220 BOCA WEST DRIVE APAR BOCA RATON FL MEM BERHMANN, SUSANNE 20220 BOCA WEST DRIVE APAR BOCA RATON FL MGR KEEFE, KENNETH H ESQ. 701 BRICKELL AVENUE SUITE MIAMI FL

500002462615· -03/19/98--01112--008 ****188.75 ****188.75

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusted employeed to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

Daytime Phone #