

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1995 AMOUNT DUE ON OR BEFORE 8:00 P.M. \$100 (IF DISSOLVED, DISSEMINATE REPORT TO THE STATE: 2000)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29015 (7)

1. Corporation Name
INTERCONTINENTAL FIVE-STAR CORPORATION

Principal Place of Business Mailing Address
2420 S W FOXPOINT TRAIL 2420 S W FOXPOINT
9493 S OCEAN DR. #79 UNIT A
PALM CITY FL 34960 PALM CITY FL 34960
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1988	3a. Date of Last Report 05/19/1994
4. FEI Number 65-0271579	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for interstate tax under s. 193.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WOLFSON, PHILIP ROYCE
9423 S. OCEAN DR. #79
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

B1 Name	_____
B2 Street Address (P.O. Box Number is Not Acceptable)	_____
B3 _____	_____
B4 City	_____
B5 Zip Code	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLFSON, PHILIP ROYCE
STREET ADDRESS	4401 CAPRI AVENUE
CITY-ST-ZIP	SEBRING FL
TITLE	D
NAME	WOLFSON, BETHANY GLENN
STREET ADDRESS	4401 CAPRI AVENUE
CITY-ST-ZIP	SEBRING FL
TITLE	D
NAME	WOLFSON, ALEXANDER
STREET ADDRESS	115 HIDDEN VALLEY LANE
CITY-ST-ZIP	NEWTOWN PA
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 07, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or an attachment with the report.

SIGNATURE: *Philip Royce Wolfson* (PHILIP ROYCE-WOLFSON)
PRESIDENT/DIRECTOR
DATE: **6/28/95** 1-807-288-3726

CRE037 (3/95)