


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 398924 (1) 1. Corporation Name INTENT, INC					
Principal Place of Business 838 WALD ROAD ORLANDO FL 32806			Mailing Address 838 WALD ROAD ORLANDO FL 32806		
2. Principal Place of Business 21 1232 St. Tropez Circle Suite, Apt. #, etc. 22 City & State 23 Orlando, Florida Zip 24 32806 Country 25 USA		2a. Mailing Address 26 1232 St. Tropez Circle Suite, Apt. #, etc. 27 City & State 28 Orlando, Florida Zip 29 32806 Country 30 USA		3. Date Incorporated or Qualified 04/10/1972 4. FEI Number 59-1399981 Applied For 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent WISE, REGINALD M 838 WALD ROAD ORLANDO FL 32806			10. Name and Address of New Registered Agent 81 Name Wise, Reginald M. 82 Street Address (P.O. Box Number is Not Acceptable) 1232 St. Tropez Circle 83 84 City Orlando FL 85 Zip Code 32806		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, REGINALD M		1.2 NAME	Wise, Reginald M.	
STREET ADDRESS	838 WALD ROAD		1.3 STREET ADDRESS	1232 St. Tropez Circle	
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	Orlando, FL	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, SHANNON R.		2.2 NAME	Wise, Shannon R.	
STREET ADDRESS	838 WALD ROAD		2.3 STREET ADDRESS	1232 St. Tropez Circle	
CITY - ST - ZIP	ORLANDO FL		2.4 CITY - ST - ZIP	Orlando, FL	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHER, HENRY V.		3.2 NAME	Eicher, Henry V.	
STREET ADDRESS	838 WALD ROAD		3.3 STREET ADDRESS	1232 St. Tropez Circle	
CITY - ST - ZIP	ORLANDO FL		3.4 CITY - ST - ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reginald M. Wise*

4-24-98

CR2E034 (10/97)