## 2004 FOR PROFIT CORPORATION

## Feb 16, 2004 08:00 AM

ANNUAL REPORT					Secretary of State			
DOCUM			Sec.	retary o	State			
1. Entity Name THE INTERN								
I THE INTERI								
Principal Place of	Business	Mailing Address						
1515 N. FEDERAL HWY., SUITE 300 17116 NEWPORT C BOCA RATON, FL 33432 BOCA RATON, FL 3								
					<b>i i</b> i i i i i i i i i i i i i i i i i	P1911 B(915 \$1811 B1811 B18		
	^E	01132004	No Chg-P	CR2E034 (10/	03)			
	CE	4. FEI Number 59-1983			Applied For Not Applicable			
					of Status Desired		Additional	
	6. Name and Address of Current F	legistered Agent	****		*	Fee Req	uired	
GARLICK, MI	CHAEL							
17116 NEWP		DO	NOT W	RITE				
BOCA RATON, FL 33496				IN T	HIS SP	ACE		
					<u> </u>	·····		
8. The above nar	med entity submits this statement for s of registered agent.	the purpose of changing its register	ed office or registe	red agent, or both	n, in the State of Fio	rida. I am familiar v	vith, and accept	
	on registered agera.							
SIGNATURE	nature, typed or printed name of registered agent a	nd title if soplicable. (NOTE Register	ed Agent signature require	d when reinstating)	<del></del>	DATE		
FILE N After May	noing \$5	.00 May Be ded to Fees						
10.	OFFICERS AND	DIRECTORS	<u> </u>					
1	DS ARLICK, MICHAEL		İ					
1 1	515 N. FEDERAL HWY.#300 OCA RATON, FL				U00 <b>00</b> 0	054088		
TITLE	OCA RATON, FL	<u></u>			02/16/04-	-80156-025	150.00	
NAME			1					
STREET ADDRESS CITY-S1-ZIP								
TITLE					<del></del>			
STREET ADDRESS								
GITY-ST-ZIP			<u> </u>	DO	NOT W	RITE		
TIYLE   NAME			IN THIS SPACE					
STREET ADDRESS								
CITY-SY-ZIP		. 4						
NAME								
STREET ADDRESS CITY ST-ZIP								
TITLE		<del></del>	<u> </u>			•		
NAME								

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied entire that I am an officer or director of the corporation or the receiver of trustee emporared descriptions are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an entiress with other the emporared.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR DRIVING NAME OF SIGNING OFFICER OR DIRECTOR

119 04 561-999-0606