

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

FILED
Mar 16 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 # 508119 (5)
 1. Corporation Name
INTERCOMPANY SERVICES INCORPORATED



Principal Place of Business 7892 BAYMEADOWS WAY-DEERWOOD CENT P.O. BOX 2954 JACKSONVILLE FL 32256-7512	Mailing Address 7892 BAYMEADOWS WAY-DEERWOOD CENT P.O. BOX 2954 JACKSONVILLE FL 32256-7512
------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1976	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2246824		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POINDEXTER, CAROLE J. 7892 BAYMEADOWS WAY JACKSONVILLE FL 32216				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 FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-STV <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINDEXTER, CAROLE J	1.2 NAME	
STREET ADDRESS	7892 BAYMEADOWS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32256	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, TERENCE C	2.2 NAME	BARRY S. LOGAN
STREET ADDRESS	7892 BAYMEADOWS WAY	2.3 STREET ADDRESS	2665 BAYSHORE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32256	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ASSY. SECRETARY, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OATMAN, H.WAYNE	3.2 NAME	MANNY PEREZ
STREET ADDRESS	7892 BAYMEADOWS WAY	3.3 STREET ADDRESS	2665 BAYSHORE DR.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBERT PIERCE
STREET ADDRESS		4.3 STREET ADDRESS	7892 BAYMEADOWS WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
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: *Carole Poinxter* 2/25/98

CR2E034 (10/97)