

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90030 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 535554

1. Corporation Name
INTERCONTINENTAL INVESTMENT PROPERTIES, INC.

Principal Place of Business 2410 S.E. 17TH ST. CAUSEWAY FT. LAUDERDALE FL 33316	Mailing Address 2410 S.E. 17TH ST. CAUSEWAY FT. LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1220 MIAMI RD Suite, Apt. #, etc. 22 SUITE #6 City & State 23 FT. LAUDERDALE, FLA Zip Country 24 33316 25 USA	2a. Mailing Address 26 1220 MIAMI RD. Suite, Apt. #, etc. 27 SUITE #6 City & State 28 FT. LAUDERDALE, FLA Zip Country 29 33316 30 USA
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3. Date Incorporated or Qualified 05/23/1977	4. FEI Number 59-1747702	Applied For <input type="checkbox"/> 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	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHOOP, THOMAS V.
 2410 S.E. 17TH ST. CAUSEWAY
 FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name THOMAS V. SHOOP
82 Street Address (P.O. Box Number is Not Acceptable) 1220 MIAMI RD
83 SUITE #6
84 City FT. LAUDERDALE FL
85 Zip Code 33316

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 Thomas V. Shoop **THOMAS V. SHOOP PRESIDENT** 2-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOOP, THOMAS V.	
STREET ADDRESS	2410 S.E. 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHOOP, CHARLENE M.	
STREET ADDRESS	2410 S.E. 17TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1220 MIAMI RD., SUITE #6
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33316
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1220 MIAMI RD., SUITE #6
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33316
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 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, with all other like empowered.

SIGNATURE: Thomas V. Shoop **THOMAS V. SHOOP** 2-1-99 (954) 462-0222
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)