2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI	MENT # 548712			Secretary of State
INTER-UN	IIVERSE, INC.			3
Principal Place of Business		Mailing Address		
	T TROPEZ CIR CH GARDENS FL 33410	13221 SAINT TROPE PALM BEACH GARDE US		
2. Principal Place of Business		3. Mailing Address		
Sude, Apt. #, etc		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
Crity & State -		City & State		4. FEI Number 59-1769735 Applied For Not Applied For
Zip	Country	Zip	Country	5. Cerbificate of Status Desired See Required Fee Required
	6. Name and Address of Currer	at Registered Agent	Name	7. Name and Address of New Registered Agent
132	RNLIEB, HERBERT H. 21 SAINT TROPEZ CIR M BCH GARDENS FL 334	10	Street Address	s (P.O. Box Number is Not Acceptable)
PAL	IN BUT GARDENS FL 334	10	City	FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or primed name of registered ago	ni and title if applicable (NO	TE Registered Agent signature requi	ined whon roinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department	S		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CHY-ST-ZIP	PD STERNLIEB, HERBERT H. 13221 SAINT TROPEZ CIR PALM BCH GARDENS FL	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	U00000010637 U00000010637 U1/23/04-30008-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A-A:"
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Ad ^{an}
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicite	BITLE NAME STREET ADDRESS CITY-SE-ZIP	☐ Change ☐ Add:
THTLE NAME STREET ADORESS CHY-ST-ZIP		☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A. ^{1,2} *
TRILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TRILE NAME STREET ADDRESS CHY-ST-2P	☐ Change ☐ Add**
indicated of the cor	on this report or supplemental repor poration or the receiver or trustee em or on an attachment with an address	t is true and accurate and that powered to execute this repor	my signature shall have the rt as required by Chapter 6 d.	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath, that I am an officer or directs 507, Florida Statutes; and that my name appears in Block 10 or Block 11

but HERBERT H. STERNING /21/04 (561) 775-0099

FILED