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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90040 010 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 559710

1. Corporation Name
INTERCAP REALTY MANAGEMENT, INC.

Principal Place of Business
2333 PONCE DE LEON BLVD.
PH 1100
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD.
PH 1100
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1978

4. FEI Number

59-2678244

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 80 SW. 8TH STREET

2a. Mailing Address

26 80 SW. 8TH STREET

Suite, Apt. #, etc.

22 SUITE 2120

Suite, Apt. #, etc.

27 SUITE 2120

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33130

Country

25 USA

Zip

29 33130

Country

30 USA

9. Name and Address of Current Registered Agent

WINDHORST, KENT A
2333 PONCE DE LEON BLVD.
PH 1100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name KENT A. WINDHORST

82 Street Address (P.O. Box Number is Not Acceptable)

80 SW. 8TH STREET

83 SUITE 2120

84 City MIAMI

FL

85 Zip Code 33130

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

KENT A. WINDHORST SEC/TREAS 3/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WEAVER, DAVID
STREET ADDRESS 2333 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE STD
NAME WINDHORST, KENT A.
STREET ADDRESS 2333 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 13643 ABERLING BAY DR. #165

1.4 CITY-ST-ZIP CORAL GABLES, FL 33158

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 80 SW. 8TH STREET #2120

2.4 CITY-ST-ZIP MIAMI, FL 33130

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENT A. WINDHORST 3/15/99

Date

Daytime Phone #

(305) 371-4280

CR2E034 (11/98)