

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **687915** (9)  
1. Corporation Name  
**INTRESCO, INC.**



Principal Place of Business <b>2505 HOFFNER ROAD P.O. BOX 593941 ORLANDO FL 32859-0941</b>	Mailing Address <b>2505 HOFFNER ROAD P.O. BOX 593941 ORLANDO FL 32859-3941 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/16/1980</b>	3a. Date of Last Report <b>05/28/1996</b>
21. Suite, Apt #, etc	26. <b>90 M.S. ETTINGER</b>	4. FEI Number <b>65-0212721</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. <b>135 Duryea Rd</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Fee Required	
23. Zip	28. <b>Melville, NY</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Country	29. <b>11747</b>	30. <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PEACOCK, ROBERT W JR 315 E ROBINSON ST STE800 ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent
	81. Name <b>CT Corporation System</b>
	82. Street Address (P.O. Box Number is Not Acceptable) <b>40 CT Corporation System</b>
	83. <b>1200 South Pine Island Road</b>
	84. City <b>PLANTATION</b> FL 85. Zip Code <b>33324</b>

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <del>Director/President</del> <b>Director/President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BERGMAN, JOHN A</b>	1.2 NAME <b>Stanley M. Bergman</b>	
STREET ADDRESS	<b>2505 HOFFNER ROAD</b>	1.3 STREET ADDRESS <b>135 Duryea Road</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP <b>Melville NY 11747</b>	
TITLE	<del>Director/President</del> <input type="checkbox"/> DELETE	2.1 TITLE <b>Director/EVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME <b>James P. Broslawski</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>135 Duryea Rd</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Melville NY 11747</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>Director/CFB</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME <b>STEVEN PLANTINO</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>135 Duryea Road</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Melville, NY 11747</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>Director/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME <b>Mark E. Milotek</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>135 Duryea Rd.</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Melville NY 11747</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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 do 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 *[Signature]* 2-13-97 (516)843-5500

CR2E034 (9/96)