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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709241 (4)

1. Corporation Name
INTERCONDOMINIUM, INC.



Principal Place of Business: C/O MINNIE OILL, 1770 79 ST CAUSEWAY, NORTH BAY VILLAGE FL 33141 US
Mailing Address: C/O KAZANOFF, S, 1770 KENNEDY CAUSEWAY #106, NORTH BAY VILLAGE FL 33141 US

3. Date Incorporated or Qualified: 06/30/1965
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 59-1595291
Applied For: Not Applicable

21. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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: PD
NAME: KAZANOF, STANLEY
STREET ADDRESS: 1770 KENNEDY CAUSEWAY 106
CITY-ST-ZIP: N. BAY VILLAGE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: STD
NAME: OILL, MINNIE
STREET ADDRESS: 1770 KENNEDY CAUSEWAY
CITY-ST-ZIP: N. BAY VILLAGE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: VD
NAME: KEMPNER, ANN
STREET ADDRESS: 1800 KENNEDY CAUSEWAY
CITY-ST-ZIP: N. BAY VILLAGE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D
NAME: BREGMAN, ANNE
STREET ADDRESS: 1790 79TH CAUSEWAY
CITY-ST-ZIP: N BAY VILLAGE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)