

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **834374** (1)  
1. Corporation Name  
**INTERVESTMENT CORPORATION**



Principal Place of Business: **1360 S OCEAN BLVD POMPANO BCH FL 33062**  
Mailing Address: **1360 S OCEAN BLVD POMPANO BCH FL 33062**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/21/1975</b>	3a. Date of Last Report <b>02/06/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>25-0865765</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROTHENBERG, STEVEN A.</b> <b>1360 S OCEAN BLVD</b> <b>SUITE 1003</b> <b>POMPANO BEACH FL 33062</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VSD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHENBERG, SANDRA M.(AT</b>	12. NAME	
STREET ADDRESS	<b>STONE HILL ROAD</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>WARREN PA</b>	14. CITY-STATE-ZIP	
TITLE	<b>VD</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, SHARON D.</b>	22. NAME	
STREET ADDRESS	<b>STONE HILL RD.</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>WARREN PA</b>	24. CITY-STATE-ZIP	
TITLE	<b>V</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, PAMELA W.</b>	32. NAME	
STREET ADDRESS	<b>35 AMY STREET</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>YARMOUTHPORT MA</b>	34. CITY-STATE-ZIP	
TITLE	<b>VT</b>	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKLEY, JENNIFER M.</b>	42. NAME	
STREET ADDRESS	<b>16 EAGLE ST</b>	43. STREET ADDRESS	
CITY-STATE-ZIP	<b>ROCHESTER NY</b>	44. CITY-STATE-ZIP	
TITLE	<b>PD</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHENBERG, STEVEN A</b>	52. NAME	
STREET ADDRESS	<b>STONE HILL ROAD</b>	53. STREET ADDRESS	
CITY-STATE-ZIP	<b>WARREN PA</b>	54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steven A. Rothenberg* **STEVEN A. ROTHENBERG, PRESIDENT** 2-17-96 (814) 726-2470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)