

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

**FILED**  
**Feb 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834374 (1)**  
 1. Corporation Name  
**INTERVESTMENT CORPORATION**



Principal Place of Business <b>1360 S OCEAN BLVD                  POMPANO BCH FL 33062</b>	Mailing Address <b>1360 S OCEAN BLVD                  POMPANO BCH FL 33062-7148</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/21/1975</b>	3a. Date of Last Report <b>02/22/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>25-0865765</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**ROTHENBERG, STEVEN A.**  
**1360 S OCEAN BLVD**  
**SUITE 1003**  
**POMPANO BEACH FL 33062**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHENBERG, SANDRA M.(AT)</b>	1.2 NAME	
STREET ADDRESS	<b>STONE HILL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, SHARON D.</b>	2.2 NAME	
STREET ADDRESS	<b>STONE HILL RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, PAMELA W.</b>	3.2 NAME	
STREET ADDRESS	<b>35 AMY STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YARMOUTHPORT MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKLEY, JENNIFER M.</b>	4.2 NAME	
STREET ADDRESS	<b>18 EAGLE ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHENBERG, STEVEN A</b>	5.2 NAME	
STREET ADDRESS	<b>STONE HILL ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARREN PA</b>	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: Steven A. Rothenberg, PRESIDENT **2-16-97** (814)726-2470  
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)