

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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90037 042 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F13892

1. Corporation Name
INTERCAP DEVELOPMENT CORPORATION

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1981	
4. FEI Number 50-2559798 59-2622973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 13643 DEERING BAY A.A.	2a. Mailing Address 26 13643 DEERING BAY A.A.
Suite, Apt. #, etc. 22 UNIT 165	Suite, Apt. #, etc. 27 UNIT 165
City & State 23 CORAL GABLES, FL.	City & State 28 CORAL GABLES, FL.
Zip 24 33158	Country 25 USA
Zip 29 33158	Country 30 USA

9. Name and Address of Current Registered Agent

WINSHORST, KENT A
2333 PONCE DE LEON BLVD.
STE. 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) PO SW. 8TH STREET
83 SUITE 2120
84 City MIAMI
85 Zip Code FL 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Kent A. Windhorst** **SECRET** **3/15/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE WEAVER, DAVID R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, DAVID R.		1.2 NAME	
STREET ADDRESS 2333 PONCE DE LEON BLVD		1.3 STREET ADDRESS 13643 DEERING BAY A.A. #165	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP CORAL GABLES, FL. 33158	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE PO SW. 8TH STREET #2120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINDHORST, KENT A		2.2 NAME	
STREET ADDRESS 2333 PONCE DE LEON BLVD		2.3 STREET ADDRESS MIAMI, FL. 33130	
CITY-ST-ZIP CORAL GABLES, FL 0		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Kent A. Windhorst** **SECRET** **3/15/99 (305) 443-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1-1/98)