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Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90086 023 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F23474

1. Corporation Name

INTERCAP FINANCIAL CORPORATION

Principal Place of Business

2333 PONCE DE LEON BLVD. PH1100  
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD. PH1100  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1981

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 13643 DEERING BAY DR.

Suite, Apt. #, etc.

22 UNIT 165

City & State

23 CORAL GABLES, FL

Zip

24 33158

Country

25 USA

2a. Mailing Address

26 13643 DEERING BAY DR.

Suite, Apt. #, etc.

27 UNIT 165

City & State

28 CORAL GABLES, FL

Zip

29 33158

Country

30 USA

9. Name and Address of Current Registered Agent

WINAHORST, KENT A.  
2333 PONCE DE LEON BLVD  
PH 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)

80 SW. 8TH STREET

83 SUITE 2120

84 City MIAMI

FL

85 Zip Code 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 SEC/TREAS

3/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEAVER, DAVID R.  
STREET ADDRESS 2333 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE STD ☐ DELETE

NAME WINDHORST, KENT A.  
STREET ADDRESS 2333 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 13643 DEERING BAY DR. #165

1.4 CITY-ST-ZIP CORAL GABLES, FL. 33158

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 80 SW. 8TH STREET, #2120

2.4 CITY-ST-ZIP MIAMI, FL. 33130

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changes, or in an attachment with an address, with all other like empowered.

SIGNATURE:

KENT A. WINDHORST SEC/TREAS

3/15/99

(305) 443-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)