

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F69704** (7)

1. Corporation Name

INTERCONTINENTAL SALES CORPORATION



Principal Place of Business

4800 N 36TH ST
P O BOX 7729
HOLLYWOOD FL 33021
US

Mailing Address

4800 N 36TH ST
P O BOX 7729
HOLLYWOOD FL 33021
US

3. Date Incorporated or Qualified
02/26/1982

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2166025

Applied For

Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

**SCHWEIBISH, SHARON
4800 N 36TH ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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 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

Signature of Special Agent (reg. no. 0001-11-11-11-11-11)

(NOTE: Registered Agent Signature required when registering)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	SCHWEIBISH, RALPH	
12.3 STREET ADDRESS	4800 N 36TH ST	
12.4 CITY-STATE-ZIP	HOLLYWOOD FL	
12.5 TITLE	S	<input type="checkbox"/> DELETE
12.6 NAME	SCHWEIBISH, SHARON	
12.7 STREET ADDRESS	4800 N 36TH ST	
12.8 CITY-STATE-ZIP	HOLLYWOOD, FL 00000	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	SCHWEIBISH, SAMANTHA	
13.11 STREET ADDRESS	4800 N 36 ST	
13.12 CITY-STATE-ZIP	HOLLYWOOD FL 33021	
13.13 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.14 NAME	NEEDLE, STACY	
13.15 STREET ADDRESS	4800 N 36 ST	
13.16 CITY-STATE-ZIP	HOLLYWOOD FL 33021	
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-STATE-ZIP		
13.21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 NAME		
13.23 STREET ADDRESS		
13.24 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this form 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: *Ralph Schweibish* - Pres. RALPH SCHWEIBISH

2/10/96

(554) 983-5720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)