

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90048 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F69704**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>910 S.W. 12 AVE</b>	2a. Mailing Address 26 <b>P.O. Box 6549</b>	3. Date Incorporated or Qualified <b>02/26/1982</b>	4. FEI Number <b>59-2166025</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
23 City & State <b>POMPANO BEACH, FL</b>	28 City & State <b>DEL RAY BEACH FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>33069</b>	25 Country <b>USA</b>	29 Zip <b>33482</b>	30 Country <b>USA</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SCHWEIBISH, SHARON</b> <b>4800 N 36TH ST</b> <b>HOLLYWOOD FL 33021</b>	10. Name and Address of New Registered Agent 81 Name <b>SHARON SCHWEIBISH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6582 NEWPORT LAKE CIRCLE</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33496</b>
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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: *Sharon Schweibish* **SHARON SCHWEIBISH, SECRET** 1/25/99  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIBISH, RALPH	1.2 NAME	
STREET ADDRESS	4800 N 36TH ST	1.3 STREET ADDRESS	6582 NEWPORT LAKE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIBISH, SHARON	2.2 NAME	
STREET ADDRESS	4800 N 36TH ST	2.3 STREET ADDRESS	6582 NEWPORT LAKE CIRCLE
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIBISH, SAMANTHA	3.2 NAME	
STREET ADDRESS	4800 N 36 ST	3.3 STREET ADDRESS	6582 NEWPORT LAKE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDELL, STACY	4.2 NAME	
STREET ADDRESS	4800 N 36 ST	4.3 STREET ADDRESS	6582 NEWPORT LAKE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	BOCA RATON FL 33496
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Schweibish* **SHARON SCHWEIBISH, SECRET** 1/25/99 561-241-0806  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)