

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003015 (5)

1. Corporation Name
INTERCIT, INC.

FILED

95 JAN 27 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1585 SOUTH TENTH STREET SAFETY HARBOR FL 34695	Mailing Address 1585 SOUTH TENTH STREET SAFETY HARBOR FL 34695
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1309204	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1993	3a. Date of Last Report 07/11/1994
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OTTERBEIN, ROBERT L
STREET ADDRESS	123 ALETA DRIVE
CITY-ST-ZIP	BELLEAIR BEACH FL 34635
TITLE	V
NAME	BATEMAN, BEVERLY
STREET ADDRESS	1585 S. 10TH ST.
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	SD
NAME	LAYENDECKER, JOHN P
STREET ADDRESS	11 PLYMOUTH LANE
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816
TITLE	T
NAME	GALLAGHER, TERENCE G
STREET ADDRESS	113 PALMER ROAD
CITY-ST-ZIP	PENNINGTON NJ 08534
TITLE	D
NAME	HARPER, REX
STREET ADDRESS	17000 PATTERSON ROAD
CITY-ST-ZIP	ODESSA FL 33558
TITLE	CD
NAME	VAN HOUTEN, H. PETER
STREET ADDRESS	171 WESTCOTT ROAD
CITY-ST-ZIP	PRINCETON NJ 08540

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROY THIRU	
1.3 STREET ADDRESS	1585 SOUTH TENTH STREET	
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ERIC JOJRGENSEN	
4.3 STREET ADDRESS	P.O. BOX 2433	
4.4 CITY-ST-ZIP	PRINCETON, NJ 08540	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information furnished with this report was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Eric Jorgensen **ROY THIRU** 1/17/95 **(813) 7251678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR