

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

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003015 (5)**  
 1. Corporation Name  
**INTERCIT, INC.**

Principal Place of Business <b>1585 SOUTH TENTH STREET                  SAFETY HARBOR FL 34895</b>	Mailing Address <b>1585 SOUTH TENTH STREET                  SAFETY HARBOR FL 34895-4109</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1993</b>	3a. Date of Last Report <b>03/01/1996</b>
21	26	4. FEI Number <b>59-1309204</b>		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	7. 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 <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				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 607.1506, 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 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	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>THIRU, ROY</b>	12 NAME			
STREET ADDRESS	<b>1585 SOUTH TENTH STREET</b>	13 STREET ADDRESS			
CITY- ST- ZIP	<b>SAFETY HARBOR FL</b>	14 CITY- ST- ZIP			
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>BATEMAN, BEVERLY</b>	2.2 NAME			
STREET ADDRESS	<b>1585 S. 10TH ST.</b>	2.3 STREET ADDRESS			
CITY- ST- ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY- ST- ZIP			
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>LAYENDECKER, JOHN P</b>	3.2 NAME			
STREET ADDRESS	<b>11 PLYMOUTH LANE</b>	3.3 STREET ADDRESS			
CITY- ST- ZIP	<b>EAST BRUNSWICK NJ 08816</b>	3.4 CITY- ST- ZIP			
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>JORGENSEN, ERIC</b>	4.2 NAME			
STREET ADDRESS	<b>P.O. BOX 2433</b>	4.3 STREET ADDRESS			
CITY- ST- ZIP	<b>PRINCETON NJ</b>	4.4 CITY- ST- ZIP			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>HARPER, REX</b>	5.2 NAME			
STREET ADDRESS	<b>17000 PATTERSON ROAD</b>	5.3 STREET ADDRESS			
CITY- ST- ZIP	<b>ODESSA FL 33556</b>	5.4 CITY- ST- ZIP			
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>VAN HOUTEN, H. PETER</b>	6.2 NAME			
STREET ADDRESS	<b>171 WESTCOTT ROAD</b>	6.3 STREET ADDRESS			
CITY- ST- ZIP	<b>PRINCETON NJ 08540</b>	6.4 CITY- ST- ZIP			

14. I do 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.

SIGNATURE: *Beverly Bateman* **SIGNATURE REQUIRED** *Jan. 20, 1997*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)