

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003015 (5)
 1. Corporation Name
INTERCIT, INC.



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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1993	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number 59-1309204	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIRU, ROY	1.2 NAME	
STREET ADDRESS	1585 SOUTH TENTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATEMAN, BEVERLY	2.2 NAME	V/M BEVERLY Bateman
STREET ADDRESS	1585 S. 10TH ST.	2.3 STREET ADDRESS	1585 S. 10th Street
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYENDECKER, JOHN P	3.2 NAME	
STREET ADDRESS	11 PLYMOUTH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, ERIC	4.2 NAME	
STREET ADDRESS	P.O. BOX 2433	4.3 STREET ADDRESS	250 Plainsboro Road
CITY-ST-ZIP	PRINCETON NJ	4.4 CITY-ST-ZIP	Plainsboro, NJ 08536
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, REX	5.2 NAME	
STREET ADDRESS	17000 PATTERSON ROAD	5.3 STREET ADDRESS	3024 Tanglewood Drive
CITY-ST-ZIP	ODESSA FL 33556	5.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOUTEN, H. PETER	6.2 NAME	
STREET ADDRESS	171 WESTCOTT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ 08540	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.

SIGNATURE: *Beverly Bateman, V.P. Her Mar. 01/06/98 813 725 1678*

CR2E034 (10/97)