

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

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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90106 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000003015**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1993**  
 4. FEI Number: **59-1309204**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VM	<input type="checkbox"/> DELETE
NAME	BEVERLY BATEMAN	
STREET ADDRESS	1584 S. 10TH ST.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BATEMAN, BEVERLY	
STREET ADDRESS	1585 S. 10TH ST.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAYENDECKER, JOHN P	
STREET ADDRESS	11 PLYMOUTH LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JORGENSEN, ERIC	
STREET ADDRESS	250 PLAINSBORO RD.	
CITY-ST-ZIP	PLAINSBORO NJ 08536	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, REX	
STREET ADDRESS	3024 TANGLEWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	CD	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald L. Hendrix
2.3 STREET ADDRESS	3302 Meander Lane
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Shipman
5.3 STREET ADDRESS	109-12 Wrangel Court
5.4 CITY-ST-ZIP	Princeton, New Jersey 08540
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 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: *Beverly Bateman, V.P.* / *Man Mgr.* 01/19/99 727-725161  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)