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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004716 (4)

INTERCONTINENTAL DEVELOPMENT AND ENTERPRISES, IN

Principal Place of Business

8181 W BROWARD BLVD #300 PLANTATION FL 33324

8181 W BROWARD BLVD #300 PLANTATION FL 33324

Mailing Address

**FILED** Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						09/13/1996		
2. Principal P	ace of Business	2a. Mailing Address 26				4. FEI Number	$\Box$	Applied For
1						43-1733989	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5, Certificate of Status Desired .   \$8.75 Additional Fee Required		
City & State	9	City & State	City & State			8. Election Campaign Financing	\$5.	.00 May Be
3		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the curr	ent yea	
4	26	29	30				Yes	<b>⊠</b> No
	g. Name and Address of Current	I Registered Agent		1		10. Name and Address of New Registered A	gent	<del></del>
ZIETZ, LAWRENCE D ESO 8181 W BROWARD BLVD #300 PLANTATION FL 33324				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
		•		84	City		85	Zip Code
						<u>FL</u>		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change wa	s authorized	d by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changi bintmer	ing its registere nt as registered
SIGNATURE	Signature Typed or printed hap ic of registered age:	AN and title if enrils able //	IOTE Progisteres	1 000	ant signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.	. ~ <b>_</b> _	in angliancire raddine	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	DCP	DELETE	1.1 TD	ILE		TIDDITION OF THE OF THE PARTY O	Cha	
NAME	EISA, ABDULRAHMAN	•	1.2 N/		1			-
STREET ADDRESS	15827 FERN CREEK RD		13 ST	RFFT	ADDRESS			
CITY-ST-ZIP	CHESTERFIELD MQ 63017				ST-ZIP			
TITLE		DELETE	2.1 1)				☐ Cha	nge Additio
NAME			2.2 N/					-
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DELETE	3.1 TI	_			Cha	nge Additio
NAME			3.2 N/	ME				
STREET ADDRESS			33 \$1	REET	ADDRESS			
CITY-ST-ZIP			34 C	ITY-S	ST-ZIP			
TITLE		DELETE	4.1 TI				Cha	nge 🔲 Additio
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STREET ADDRESS			4.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-S	st-zie			
TITLE		DELETE	5.1 TI	_			☐ Cha	inge Additio
NAME			5.2 N/	ME				
STREET ADDRESS			5.3 S1	REET	ADDRESS			
CITY-ST-ZIP			5.4 Cf	TY-S	:T-ZIP			
TITLE		☐ DELETE	6.1 TI		-		☐ Cha	nge 🔲 Additio
NAME			6.2 N/	ME				
STREET ADDRESS			6,3 \$1	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI					
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify	for the exe	empl	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further cel	rtify tha	it the information
indicated	on this annual report or supplemental	I annual report is true and a	ccurate an	d tha	at my signatur	re shall have the same legal effect as if made und	der oatl	h; that I am an