

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G37235 (0)

1. Corporation Name

INTEC SYSTEMS, INC.



Principal Place of Business

**1800 S. AUSTRALIAN AVENUE
SUITE 100
WEST PALM BEACH FL 33409**

Mailing Address

**1800 S. AUSTRALIAN AVENUE
SUITE 100
WEST PALM BEACH FL 33409**

2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

05/05/1983

3a. Date of Last Report

01/26/1995

4. FEI Number

59-2284392

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CLARK, JOHN B.
1800 S AUSTRALIAN AVE #100
W. PALM BEACH FL 33409**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CTD** ☐ DELETE
NAME **HIGHT, JACK**
STREET ADDRESS **347 AUSTRALIAN**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **VDS** ☐ DELETE
NAME **HAYES, WILLIAM**
STREET ADDRESS **10606 DUNBROOK DRIVE**
CITY-ST-ZIP **HOUSTON TX**

TITLE **PM** ☐ DELETE
NAME **CLARK, JOHN B.**
STREET ADDRESS **519 GREENBRIAR DR**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **ADDRESS CHANGE ONLY**
3.3 STREET ADDRESS **1523 Point Way**
3.4 CITY-ST-ZIP **North Palm Beach, FL 33408**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

John B. Clark
John B. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/96

Date

(407) 640-8383

Daytime Phone #

CR2E034 (12/95)