

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G90484** (8)
1. Corporation Name
INTERCONTINENTAL CONSTRUCTION CORP.

Principal Place of Business
**21301 POWERLINE ROAD
SUITE 303
BOCA RATON FL 33433**

Mailing Address
**21301 POWERLINE ROAD
SUITE 303
BOCA RATON FL 33433**

3. Date Incorporated or Qualified 02/02/1984	3a. Date of Last Report 05/01/1994
4. FET Number 59-2382863	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 unpaid fees under S. 100.099 Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent BATTAGLIA, KATHY M 22800 MARBELLA CIR BOCA RATON FL 33433	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (Name of officer or director of corporation or registered agent or registered agent in lieu of secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1. TITLE	☐ Change ☐ Addition
NAME	BATTAGLIA, KATHY M	2. NAME	
STREET ADDRESS	21301 POWERLINE RD STE 303	3. STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	4. CITY ST ZIP	
TITLE	DP	5. TITLE	☐ Change ☐ Addition
NAME	BATTAGLIA, RALPH N.	6. NAME	
STREET ADDRESS	21301 POWERLINE RD STE 303	7. STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	8. CITY ST ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY ST ZIP		12. CITY ST ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY ST ZIP		16. CITY ST ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY ST ZIP		20. 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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 this corporation or this registered agent in lieu of secretary, and that my signature shall have the same legal effect as if made under oath, as appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE *Kathy M Battaglia* **4/27/95** **407 488-1163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR