


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

1105+8.76

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
Jul 15 1997 8:00 am
Secretary of State

DOCUMENT # J34832

1. Corporation Name

INTERMEDIA SERVICE, INC.

Principal Place of Business

40 KLAUS GOLOMBEK
2264 SE 17th St.
FT. LAUDERDALE, FL
33316

Mailing Address

40 KLAUS GOLOMBEK
2264 SE 17th St.
FT. LAUDERDALE, FL
33316

2. Principal Place of Business

21 2264 SE 17th St.

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL

24

Zip

33316

Country

USA

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

33316

29

Country

USA

30

3. Date Incorporated or Qualified

09/24/86

3a. Date of Last Report

03/25/96

4. FEI Number

NOT APPLICABLE

Applied For

No: 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

KLAUS GOLOMBEK
2264 SE 17th St.
FT. LAUDERDALE, FL
33316

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 the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KLAUS GOLOMBEK
STREET ADDRESS 2264 SE 17th St.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

☐ DELETE

TITLE SD
NAME MAE SIMMONS
STREET ADDRESS 2264 SE 17th St.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002241826
-07/18/97--01105--003
*****170.00 *****161.25

600002241826
-07/18/97--01105--004
*****3.75 *****3.75

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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: MAE SIMMONS (MAE SIMMONS) 7/14/97 (954) 522-8517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)



Golden Palm

REALTY INC.

Realtors

2

JUNE 28, 1997

HARBOR BEACH PLAZA
2264 S.E. 17TH STREET
FT. LAUDERDALE, FLORIDA 33316
305-522-8517

SANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: INTERMEDIA SERVICE, INC.

DEAR MS. MORTHAM:

WE DID NOT RECEIVE THE NOTICE OF PAYMENT DUE FOR THE ANNUAL
CORPORATE FEE ON INTERMEDIA SERVICE, INC.

ON JUNE 11, 1997 WE WROTE TO CONFIRM THE CHANGE OF ADDRESS FOR THIS
NOTICE TO BE SENT TO US.

SINCE WE DO NOT WANT TO PAY A LATE PENALTY, I AM ENCLOSING A CHECK IN
THE AMOUNT OF \$170.00 WHICH SHOULD PAY THE \$165.00 PLUS \$5.00 FOR THE
CERTIFICATE OF STATUS.

I AM ENCLOSING LAST YEARS LETTER THAT CAME WITH THE CERTIFICATE OF
STATUS IN ORDER TO IDENTIFY THE ACCOUNT.

THANK YOU FOR YOUR COOPERATION IN ACCEPTING THIS WITHOUT THE
PROPER FORM WHICH WE DID NOT RECEIVE.

NOTE: THE CORRECT ADDRESS IS 2264 SE 17TH ST., FORT LAUDERDALE,
FLORIDA 33316.

SINCERELY,

KLAUS GOLOMBEK
BY MAE SIMMONS