FILE NOW: FILING FEE AFTER MAY 1 IS \$225	FILE	E NOW:	FILING	FEE	AFTER	MAY	1 IS	\$225.
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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (2)**DOCUMENT #** J52147 1. Corporation Name INTELLECT CORP. Mailing Address Principal Place of Business 817 N.W. 1ST ST. 817 N.W. 1ST ST. FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 3. Date incorporated or Qualified 01/15/1987 4. FEI Number 2a. Maiting Address 2. Principal Place of Business 26 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 6. Election Campaign Financing City & State City & State Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Ζıρ Zφ Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name

Yes No

65-0000316

3a. Date of Last Report

05/01/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Appl-cable

SCHREIE 908 SE 1	BER, JOHN	82 8	82 Street Address (P.O. Box Number is Not Acceptable)				
BUQ OL I	DERDALE FL 33316	83					
•				City			ip Code
or registers	o the provisions of Sections 607.0502 and 607 ad agent, or both, in the State of Florida. Such h, and accept the obligations of, Section 607.0	change was authorized	the above-nar by the corpora	med corporat ation's board	on submits this statement for the p of directors. I hereby accept the ap	urpose of changing its pointment as registere	registered office d agent I am
SIGNATURE .	Signature, byped or printed name of registered eyes t as 4 title if a	THE CONTRACT OF THE CONTRACT O	- Ragistered Agent s	on three to read a	ten reinst thra-	DATE	
12.	Signature, typind or printed have of fregetied algorities of fill of a OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12
TITLE	DP	DELETE	1 1 TILLE			☐ Change	
NAME	SCHREIBER, JOHN A.	_	1.2 NAM5				
STREET ADDRESS	908 SE 9TH ST		1 3 STREET AD	DORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		14 CI'Y - ST-				
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CITY-ST-ZIP			2.4.CITY-S1-	ZIP			
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CITY - S1 - ZIP			5.4 CHY-ST	- 216	***200:00		
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NAMÉ			6 2 NAME				
STREET ADDRESS			63 STHEET A	ADDRESS			
CHY-ST-ZIP			64 CITY - ST	- ZIO		10 020 d) Florid: Cto	too I further
certify that	y certify that the information supplied with this to the information indicated on this annual report and an officer or director of the corporation or a Block 12 or Block 17 or charged or of an att	t or supplemental annu the receiver or trustee	an report is true empowered to	not qualify fo and accurati execute this	r the exemption stated in Section 1 a and that my signature shall have I report as required by Ohapter 607	19.07(3)(K), Honda Sta he same logal effect a: , Florda Statutes; and	trices, Florther sit made under that my name

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR