

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K91762

(0)

1. Corporation Name  
INTERMEDIARIES, INC.



Principal Place of Business

612 BEACHLAND BLVD  
P O BOX 3343  
VERO BEACH FL 32964

Mailing Address

612 BEACHLAND BLVD  
P O BOX 3343  
VERO BEACH FL 32964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1989

4. FEI Number

65-0122020

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 3426 Ocean DR.

Suite, Apt. #, etc.

22 ~~P.O. Box 3343~~

City & State

23 Vero Beach, FL

Zip

24 32963

Country

2a. Mailing Address

26 ~~3426 Ocean DR.~~

Suite, Apt. #, etc.

27 P.O. Box 3343

City & State

28 Vero Beach, FL

Zip

29 32964-3393

Country

30 ~~Interstate~~

9. Name and Address of Current Registered Agent

LAUER, E. STEVEN  
612 BEACHLAND BLVD  
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name Lauer, E. Steven  
82 Street Address (P.O. Box Number is Not Acceptable)  
3426 Ocean DR.  
83  
84 City Vero Beach 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

OFFICERS AND DIRECTORS

12. TITLE

NAME PTS ☐ DELETE

STREET ADDRESS LAUER, E. STEVEN

CITY-ST-ZIP 612 BEACHLAND BLVD

VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 Lauer, E. Steven

1.3 STREET ADDRESS 3426 Ocean Dr.

1.4 CITY-ST-ZIP Vero Beach, FL 32963

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

3/1/98 561-234-4200

CR2E034 (5/98)