FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

[illegible] 1 AM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06642 (7)

1. Corporate Name
INTERMARKETS TRADING CORPORATION

Principal Place of Business
14076 TROUVILLE DRIVE
TAMPA FL 33624-6958

Mailing Address
14076 TROUVILLE DRIVE
TAMPA FL 33624-6958

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

City 24 Country 25 City 29 Country 30

4. FEI Number: 59-2963451 — 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
JANNOUN, SAEB M
14076 TROUVILLE DRIVE
TAMPA FL 33624-6958

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 Sec. 607.0505 and 607.0508, 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 I accept the obligations of Sec. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JANNOUN, SAEB M
STREET ADDRESS	14076 TROUVILLE DRIVE
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	1. NAME	☐ Change ☐ Addition
2. TITLE	2. NAME	☐ Change ☐ Addition
3. TITLE	3. NAME	☐ Change ☐ Addition
4. TITLE	4. NAME	☐ Change ☐ Addition
5. TITLE	5. NAME	☐ Change ☐ Addition
6. TITLE	6. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report 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 contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity 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 hereof or I have attached an amendment with an address.

SIGNATURE: SAEB JANNOUN 4-26-95 813 963 0499
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

030008 17 CP