

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L36225 (5)

1. Corporation Name

INTERTECT DESIGN GROUP, INC.



Principal Place of Business

Mailing Address

~~1010 WOODCOCK RD.~~
~~STE. 261~~
ORLANDO FL 32803
US

~~1010 WOODCOCK RD.~~
~~STE. 261~~
ORLANDO FL 32803
US

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 988 Woodcock Road

26 988 Woodcock Road

4. FEI Number

59-2983284

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

23 Ste. 100

27 Ste. 100

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

City & State

City & State

Trust Fund Contribution

☐

23 Orlando, Florida

28 Orlando, Florida

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

Zip

Country

Zip

Country

24 32803

25 Orange

29 32803

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPKIN, ERIC A
3845 BECKONTREE PL
OVIEDO FL 32765

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
DVS
POPKIN, ERIC ALLEN
3845 BECKONTREE PL
OVIEDO FL

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
DPT
HOLLON, LARRY PATRICK
9124 PALOS VERDE DR.
ORLANDO FL

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
DV
JOHNSON, MARK P
2456 MARKINGHAM RD.
MAITLAND FL

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE ☐ DELETE

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 119.07(3)(k), 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: *Larry P. Hollon* Larry P. Hollon, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

407/897-3500

Date

Daytime Phone #

CR2E034 (12/95)