

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90099 039 ***158.75

DOCUMENT # **L36225**

1. Corporation Name
INTERTECT DESIGN GROUP, INC.

Principal Place of Business

~~988 WOODCOCK ROAD~~
~~SUITE 100~~
ORLANDO FL 32803
US

Mailing Address

~~988 WOOD COCK ROAD~~
~~SUITE 100~~
ORLANDO FL 32803
US

2. Principal Place of Business

21 1080 Woodcock Road

Suite, Apt. #, etc.

22 Suite 200

City & State

23

Zip

Country

24

2a. Mailing Address

26 1080 Woodcock Road

Suite, Apt. #, etc.

27 Suite 200

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

POPKIN, ERIC A
3845 BECKONTREE PL
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

4. FEI Number

59-2983284

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 the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DVS
POPKIN, ERIC ALLEN
STREET ADDRESS
3845 BECKONTREE PL
CITY-ST-ZIP
OVIEDO FL

TITLE ☐ DELETE

NAME
DPT
HOLLON, LARRY PATRICK
STREET ADDRESS
9124 PALOS VERDE DR.
CITY-ST-ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
~~DV---~~
JOHNSON, MARK P
STREET ADDRESS
~~911 THUNDER TRAIL~~
CITY-ST-ZIP
~~MAITLAND FL---~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

V
Fred M. Humphrey
3002 Dade Avenue
Orlando, Florida 32804

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, with all other like empowered.

SIGNATURE: Larry P. Hollon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

407/897-3500

Daytime Phone #

CR2E034 (11/98)

0092271