

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**

95 APR 10 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L56784 (6)

1. Corporation Name

INTRACO SYSTEMS, INC.

Principal Place of Business

**1356 NW 2ND AVE
33 SE 7TH ST., STE. E
BOCA RATON FL 33432
US**

Mailing Address

**1356 NW 2ND AVE
33 SE 7TH ST., STE. E
BOCA RATON FL 33432
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

05/31/1994

4. FEI Number

65-0180519

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

2. Principal Place of Business

21 1356 NW 2 Avenue

2a. Mailing Address

25 1356 NW 2 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33432

Country

25 U.S.A.

Zip

29 33432

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**CARMAN, DEBORAH A.
1356 NW 2ND AVE
SUITE E
BOCA RATON FL 33432**

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DPS
NAME BERGER, JACK S.
STREET ADDRESS 1356 NW 2ND AVE
CITY - ST - ZIP BOCA RATON FL**

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 no address.

SIGNATURE:

Jack Berger

4/4/95

407-367-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)