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 # L82906 (3)

1. Corporation Name
INTERVALCO ONE, INC.

Principal Place of Business
% JACQUES DE BRUIJN
472 FIRST ST. W.
TIERRA VERDE FL 33715

Mailing Address
% JACQUES DE BRUIJN
472 FIRST ST. W.
TIERRA VERDE FL 33715

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3077198 ☐ 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 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**
BRUIJN, JACQUES DE
472 FIRST ST. W.
TIERRA VERDE FL 33715

10. **Name and Address of New Registered Agent**
81 Name: WARREN J KNAUST
82 Street Address (P.O. Box Number is Not Acceptable): 2730 CENTRAL AVE
83
84 City: ST PETERSBURG FL 85 Zip Code: 33712

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] WARREN J. KNAUST 5/30/96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	☐ DELETE	1.1 TITLE	PDTS.	☑ Change ☐ Addition
NAME	BRUIJN, JACQUES DE		1.2 NAME		
STREET ADDRESS	472 FIRST ST. W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAY, WILL		2.2 NAME		
STREET ADDRESS	472 FIRST ST WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOON, MARIO		3.2 NAME		
STREET ADDRESS	472 FIRST ST WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOBP DE BRUIJN		4.2 NAME		
STREET ADDRESS	472 1ST STR W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL 33715		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	000001865680 -06/18/96--01118--032 ***1522.50	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96 Date (813)864-1538 Daytime Phone #

CR2E034 (12/95)