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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/25/1990	
21 L.O.F. FIM	26 LOFE IM.	4. FEI Number: 59-3077198	Applied For / Not Applicable
Suite, Apt. #, etc. 22 472 1ST STR W.	Suite, Apt. # etc. 27 472 1ST STR W.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 TIERRA VERDE	City & State 28 TIERRA VERDE.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33715 / Country 25 FL	Zip 29 33715 / Country 30 FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SWISHER, JOHN
669 1ST AVE NORTH
ST. PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PDTS~~	☒ DELETE	1.1 TITLE		☐ 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	PDT	☒ Change ☐ Addition
NAME	DE BRUIJN, JOEP		4.2 NAME	JOEP DE BRUIJN	
STREET ADDRESS	472 1ST ST W.		4.3 STREET ADDRESS	669 1ST AVE NORTH	
CITY-ST-ZIP	TIERRA VERDE FL 33715		4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	~~SEC~~	☐ DELETE	5.1 TITLE	SD	☐ Change ☐ Addition
NAME			5.2 NAME	BART DE BRUIJN.	
STREET ADDRESS			5.3 STREET ADDRESS	669 1ST AVE NORTH	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ST PETERSBURG. FL 33701.	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME			6.2 NAME	MARIA VERSTRAETEN.	
STREET ADDRESS			6.3 STREET ADDRESS	669 ST AVE NORTH.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ST PETERSBURG. FL 33701	

CR2E034 (10/97)

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.

SIGNATURE: Bart de Bruijn 04/28/98 (813) 906-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #