

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29015** (7)

1. Corporation Name

**INTERCONTINENTAL FIVE-STAR CORPORATION**

Principal Place of Business <b>2420 S W FOXPOINT TRAIL 9433 S OCEAN DR. #79 PALM CITY FL 34990 US</b>	Mailing Address <b>2420 S W FOXPOINT UNIT A PALM CITY FL 34990 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>	3. Date Incorporated or Qualified <b>10/26/1988</b>	3a. Date of Last Report <b>07/10/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0271579</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WOLFSON, PHILIP ROYCE  
9423 S. OCEAN DR. #79  
JENSEN BEACH FL 34957**

CHANGE TO →

10. Name and Address of New Registered Agent

81 Name <b>PHILIP ROYCE-WOLFSON</b>	85 Zip Code <b>34990</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2420 SW FOXPOINT TRAIL</b>	
83 <b>PALM CITY FL 34990</b>	
84 City <b>1-561-288-3726 FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **PHILIP ROYCE-WOLFSON** *Philip Royce Wolfson Sept 8, 1997*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>2420 SW FOXPOINT TRAIL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOLFSON, PHILIP ROYCE</b>		1.2 NAME <b>PALM CITY FL 34990</b>	
STREET ADDRESS <b>4401 CAPRI AVENUE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEBRING FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOLFSON, BETHANY GLENN</b>		2.2 NAME	
STREET ADDRESS <b>4401 CAPRI AVENUE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEBRING FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOLFSON, ALEXANDER</b>		3.2 NAME	
STREET ADDRESS <b>115 HIDDEN VALLEY LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEWTOWN PA</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PHILIP ROYCE-WOLFSON** *1-561-288-3726*  
SIGNATURE REQUIRED

CR2E037 (4/97)