FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham' 📏

Jun 11 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT	# N3869	3 (0)		
DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.					
0,011	101 17 11	menanoon /ocivii	TIPLE OF FIGE, THE		
Principal Place of Business Mailing Address					
24 SW HOLLYWOOD BLVD C/O NORMAN C. STAN					
SUITE 7 FT WALTON BEACH FL 32549			P O BOX 838 FT. WALTON BEACH FL 32549-0838		
US SENSON DE SEN			THE WHILE OF PRINCIPLE AND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Date incorporated or Qualified 3a. Date of Last Report 06/20/1990 04/15/1996
2. Principal Place of Business			2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-3048303 Not Applicable
22)			27		5. Certificate of Status Desired
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip			Zip Country 30		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
•				81 Name	Priorning Isonaud D. T.
FREEMAN, BILLY D.				82 Street	Bruenning, Leonard E. Jr. Address (P.O. Box Number is Not Acceptable)
24 SW HOLLYWOOD BLVD				83	
SUITE 7					
FORT WALTON BEACH FL 32548				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 618 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 677.0503, Florida Statutes.					
SIGNATURE SIGNATURE STATES TO THE STATE OF THE STATES AND THE SIGNATURE					
12.		OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE	PD Change Addition
NAME OTOGET ADDRESS		AN, BILLY-D: -		1.2 NAME	BRUENNING, LEONARD E. JR.
STREET ADDRESS CITY-ST-ZIP		ORIOA-ST LLE FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	117 Bayshore Court
TITLE	TD	2576	☐ DELETÉ	2.1 TITLE	Ft. Walton Beach, FL 32548
NAME	, -	R, LINDA A		2.2 NAME	
STREET ADDRESS	813 WA	AGON WHEEL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP		TON BCH FL	DELETE	2.4 CITY-ST-ZIP	TP Change Addition
TITLE	SD MEEN	1 ALIBIE	[] DETELE	3.1 TITLE	SD K Change Addition
NAME Street address		Laurie Ost-trail -		3.2 NAME 3.3 STREET ADDRESS	SHEERAN, CHRIS 917 Emily Circle
CITY-ST-ZIP		<u>walton Beach Fl. </u>	_		Ft. Walton Beach, FL 32547
TITLE		TALL SIT SE CO. T.	DELETE	4.1 TIFLE	Change Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP			DELETE	4.4 CITY - ST - ZIP	
TITLE			DELETE	5.1 TITLE	Change Addition
NAME STREET ANDRESS				5.2 NAME	
STREET ADDRESS City-St-Zip				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE			DELETE	6.1 TITLE	Change Addilion
NAME				6.2 NAME	
STREET ADDRESS				63 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 thy 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 regulared by Chapter 617, Florida Statutes; and that my pame appears in Block 12 pr Block 13 if changed or on an attachment with an address.