SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(3)

INTERVEST MANAGEMENT CORPORATION

**FILED** Aug 27 1998 8:00am Secretary of State

Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 28   Suite, Apt. #, etc. 2	81811   881
JACKSON MS 38211 US    Principal Place of Business   2a, Mailing Address   4. FEI Number   Applied   12/16/1983   Applied   12/16/1983   Applied   Applied   12/16/1983   Applied   Applie	
JACKSON MS 38211 US  Principal Place of Business 28. Mailing Address 29. Principal Place of Business 21. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. City & State 22. Country 23. Description of Status Desired   \$8.75 Addit Fee Required   \$8	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied   12/16/1981     2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied   64-0739340   Not Agr	
12/16/1991   12/16/1991   26   32   32   32   32   32   32   32	
Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Since Country  Zip  Since Country  Since Country  Since Country  Zip  Country  Since	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Acadion Fee Required City & State   City & Country   Zp   Country   Added to Fee Required May   Added to Fee R	ed For
See Require	Applicable
City & State 28   Country 27   Country 27   Country 28   Country 28   Street Address of Current Registered Agent 30   Personal Property Tax due June 30   Yes No No 9. Name and Address of Current Registered Agent 4   Name 3000 JDE ASHTON ROAD ST. AUGUSTINE FL 32092   81   Name 3000 JDE ASHTON ROAD ST. AUGUSTINE FL 32092   82   Street Address (P.O. Box Number is Not Acceptable)   82   Street Address (P.O. Box Number is Not Acceptable)   83   City   FL 85   Zip Code   84   City   FL 85   Zip Code   84   City   FL 85   Zip Code   85	
Zip	ay Be
Zip Country Zip Country Zip Country Signature required when relatangle personal Property Tax due June 30.  Yes No No Personal Property Tax due June 30.  Yes No	rees
TERKEURST, DUDLEY 3000 JOE ASHTON ROAD ST. AUGUSTINE FL 32092  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 register of 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 register agent, are familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    DP	
TERKEURST, DUDLEY 3000 JOE ASHTON ROAD ST. AUGUSTINE FL 32092  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 register of 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 register 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 title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1  14. TITLE  DP  NAME  NAIL, J. S  SIRGETADORESS  5750 I-55 N. FRONTAGE ROAD  13. SIREETADORESS  5750 I-55 N. FRONTAGE ROAD  13. SIREETADORESS  5750 I-55 N. FRONTAGE RO  22. NAME  DUDLEY, RODNEY H.  22. NAME  SIREETADORESS  5750 I-55 N. FRONTAGE RD  23. STREET ADDRESS  5750 I-55 N. FRONTAGE RD  23. STREET ADDRESS  5750 I-55 N. FRONTAGE RD  33. STREET ADDRESS  5750 I-55 N. FRONTAGE RD  34. CITY-ST-ZIP  ADDRESS  5750 I-55 N. FRONTAGE RD  35. STREET ADDRESS  5750 I-55 N. FRONTAGE RD	
3000 JOE ASHTON ROAD ST. AUGUSTINE FL 32092  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 register degent, am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE	
ST. AUGUSTINE FL 32092  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 register 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 register agent at lam familiar with, and accept the obligations of, section 607.0505, Florida Statutes,  SIGNATURE  Signature, typed or privide name of registered agent and No. 4 applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. THE OFFICE AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14	
B3   B4	
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 register 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Total	
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 register 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Total	
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 register 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 talle (if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	Je
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 table if applicable   (NOTE: Registered Agent algenture required when reinstating)   DATE	tered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I TITLE DP DELETE 1.1 TITLE NAME NAIL, J. S STREET ADDRESS STREET	
12.	
Delete	- INI 12 5
NAME   NAIL, J. S   1.2 NAME   1.3 STREET ADDRESS   5750 I-55 N. FRONTAGE ROAD   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   JACKSON MS 39211   1.4 CITY-ST-ZIP	٦
STREET ADDRESS	_] Addition
A CITY-ST-ZIP	[ ]
DELETE   DV	6
NAME   DUOLEY, RODNEY H.	Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE         \$         DELETE         3.1 TITLE         Change           NAME         SHOWS, KAREN S         3.2 NAME           STREET ADDRESS         5750 I-55 N FRONTAGE RD         3.3 STREET ADDRESS           CITY-ST-ZIP         JACKSON MS 39211         3.4 CITY-ST-ZIP           TITLE         T         DELETE         4.1 TITLE         Change           NAME         BISHOP, G. BURNS         4.2 NAME	
NAME         SHOWS, KAREN S         32 NAME           STREET ADDRESS         5750 I-55 N FRONTAGE RD         33 STREET ADDRESS           CITY-ST-ZIP         JACKSON MS 39211         34 CITY-ST-ZIP           TITLE         T         DELETE         4.1 TITLE         Change           NAME         BISHOP, G. BURNS         42 NAME	Addition
STREET ADDRESS         5750 I-55 N FRONTAGE RD         3.3 STREET ADDRESS           CITY-ST-ZIP         JACKSON MS 39211         3.4 CITY-ST-ZIP           TITLE         T         DELETE         4.1 TITLE         Change           NAME         BISHOP, G. BURNS         42 NAME	
CITY-ST-ZIP         JACKSON MS 39211         3.4 CITY-ST-ZIP           TITLE         T         DELETE         4.1 TITLE         Change           NAME         BISHOP, G. BURNS         42 NAME	
TITLE T DELETE 4.1 TITLE Change NAME BISHOP, G. BURNS 4.2 NAME	
NAME BISHOP, G. BURNS 42 NAME	Addition
STREET ADDRESS   5750 F55 N FRUNTAGE RU [4.3 STREET ADDRESS ]	
CITY-ST-ZIP JACKSON MS 39211 4.4 CITY-ST-ZIP	
NAME 5.2 NAME	Addition
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CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addition
	Addition
NAME 62 NAME	Addition
STREET ADDRESS 6.3 STREET ADDRESS	
<b>■</b> •	

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 certify 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.

SHELLANDON