

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90008 039 ***150.00

DOCUMENT # P93000047445

1. Corporation Name

INTERCONTINENTAL DISTRIBUTION GROUP, LTD., INC.

Principal Place of Business

4401 W TRADEWINDS AVE #201
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4401 W TRADEWINDS AVE #201
LAUDERDALE BY THE SEA FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1993

4. FEI Number

65-0423204

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 owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 245 N. OCEAN Blvd.

2a. Mailing Address

26 245 N. OCEAN Blvd #301

Suite, Apt. #, etc.

27 DEERFIELD BEACH FL

City & State

28 33441 Broward

Zip

Country

23 DEERFIELD BEACH

Zip

Country

24 FL

25 33441

29 30

9. Name and Address of Current Registered Agent

KARR, PAUL MATTHEW
4401 WEST TRADEWINDS AVENUE
2ND FLOOR, SUITE 201
LAUDERDALE BY-THE-SEA FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME KARR, PAUL MATTHEW
STREET ADDRESS 4401 W. TRADEWINDS AVENUE, SUITE 201
CITY-ST-ZIP LAUDERDALE BY-THE SEA FL 33308

TITLE V DELETE

NAME COCOLA, STEVE
STREET ADDRESS 4401 W. TRADEWINDS AVENUE, SUITE 201
CITY-ST-ZIP LAUDERDALE BY-THE-SEA FL 33308

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME 245 N. OCEAN BLVD. SUITE 301
1.3 STREET ADDRESS DEERFIELD BEACH, FL 33441
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME 245 N. OCEAN BLVD, SUITE 301
2.3 STREET ADDRESS DEERFIELD BEACH, FL 33441
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: STEPHEN J. COCOLA

1-6-99 (954)481-9393

CR2E034 (11/98)