

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000041084 (2)

1. Corporation Name

INTERMARK DESIGN GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5728 MAJOR BLVD. #535
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD. #535
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

3a. Date of Last Report

06/01/1994

4. FEI Number

59-3246846

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 has liability for intangible taxes under S. 198.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City, State

27. City, & State

23. Zip

28. Zip

24. County

29. County

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, RICK Q
5728 MAJOR BLVD. #535
ORLANDO FL 32819

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, this 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, or jointly, except the appointment as registered agent, I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. NAME
THOMAS, RICK Q
2. STREET ADDRESS
325 BUTLER ST.
3. CITY, STATE, ZIP
WINDERMERE FL 34786

1. NAME
TEKAMPE, LUCIANO V
2. STREET ADDRESS
4685 SILVERA DR.
3. CITY, STATE, ZIP
ORLANDO FL 32839

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

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2. STREET ADDRESS
3. CITY, STATE, ZIP

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1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
P/V/S/T
Thomas, Rick Q.
2. STREET ADDRESS
325 Butler St.
3. CITY, STATE, ZIP
Windermere, FL 34786

1. NAME
Delete Luciano V.
2. STREET ADDRESS
Tekampe - no longer an
3. CITY, STATE, ZIP
officer or director.

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
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1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

14. I, the undersigned, certify that the information submitted with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 199.01(2), Florida Statutes. Further, I certify that the information submitted with this annual report or biennial report is true and accurate and that any signatures shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or the registered agent, or a person authorized to execute this report, as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Rick Q. Thomas 4/10/95

Luciano V. Tekampe 4/10/95

Sam 8646