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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000004716 (3)

1. Corporation Name

INTERMEDIATE HOLDINGS, INC.



Principal Place of Business

Mailing Address

% IRA KILTOK  
7522 WILES ROAD, SUITE 210  
CORAL SPRINGS FL 33067

% IRA KILTOK  
7522 WILES ROAD, SUITE 210  
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILTOK, IRA  
7522 WILES ROAD  
SUITE 210  
CORAL SPRINGS FL 33067

81

Name

LESLIE TINER

82

Street Address (P.O. Box Number is Not Acceptable)

10321 W. ATLANTIC AVE.

83

84

City

DELRAY BEACH

FL

85

Zip Code

33446

11. Pursuant to the provisions of Sections 607.0507 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

LESLIE TINER / LESLIE TINER

4/25/96

Signature, typed or printed name of registered agent, if not third party agent

DATE: Signature of Agent (Signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME DE CLOEDT, JEAN J  
STREET ADDRESS % 7522 WILES ROAD, SUITE 210  
CITY- ST- ZIP CORAL SPRINGS FL 33067

1.1 TITLE P  
1.2 NAME DE CLOEDT, JEAN J.  
1.3 STREET ADDRESS 10321 W. ATLANTIC AVE.  
1.4 CITY- ST- ZIP DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: JEAN DE CLOEDT (JEAN DE CLOEDT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(407)  
4960402

DATE

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