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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

561/659-1111

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004716 (3)

INTERMEDIATE HOLDINGS, INC.

Suite, Apt #, etc Suit	Applicable dditional quired May Be Fees 199.032,
2. Principal Place of Business	Applicable dditional quired May Be Fees 199.032,
28 Suite, Apt #, etc Suite, Apt #, etc. Suite,	Applicable dditional quired May Be Fees 199.032,
Suite, Apt #, etc: Suite, Apt #, etc: Suite, Apt #, etc: Suite, Apt #, etc: Status Status	dditional quired May Be • Fees 199.032,
City & State Country Country Cip Country B. This corporation has liability for intangible tax under s. Florida Statutes Florida Statutes Florida Statutes City & State City & State Country B. Name and Address of New Registered Agent MENDOZA, MARIO G III MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SUITE 602 PALM BEACH FL 33480 B3 City City	quired May Be Fees 199.032,
28	PFees 199.032,
Zip	ode
24 25 29 30 Florida Statutes 2 Yes No 9. Name and Address of Current Registered Agent MENDOZA, MARIO G III MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SUITE 602 PALM BEACH FL 33480 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Lyard or printed name of registered agent, and the it applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE PD DELETE 1.1 ITILE SIRRET ADDRESS 251 ROYAL PALM WAY 1.3 SIRRET ADDRESS DELETE 1.4 OITY-S1-ZiP DELETE 21 TIRE Change	ode
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STREET ADDRESS 5.3 STREET ADDRESS	
CITY - ST - ZIP	Addition
NAME 62 NAME	L. Addition
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 104. 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	
information indicated on this annual report or supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Further Certify that information indicated on this annual report or supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under the annual report of the corporation or the veceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mappears in Block 12 or Block 13 if charged, or on an attachment with an address.	