FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000025112

1. Corporation Name

Intarsia, Inc.

Principal Place of Business	Mailing Address
1851 Cypress Lake Drive Suite B Orlando, FL 32837	1851 Cypress Lake Drive Suite B Orlando, FL 32837

2. Principal Place of Business — 21 — Suite, Apt. #, etc — 22 — City & State — 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 03/27/95

3a. Date of Last Report: 03/27/95

4. FEI Number: 59-3318365 ☐ 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 tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

P/D
Jonathan Smiga
5201 Haverill Drive
Orlando, FL 32809

10. Name and Address of New Registered Agent

81 Name: Jonathan Smiga
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Haverill Drive
83
84 City: Orlando FL 85 Zip Code: 32809

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/D	☐ DELETE
NAME	Jonathan Smiga	
STREET ADDRESS	5201 Haverill Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	V/D	☐ DELETE
NAME	David New	
STREET ADDRESS	1217 Cloverlawn Avenue	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	S/D	☐ DELETE
NAME	Marshall Luther	
STREET ADDRESS	867 Sweetwater Island Circle	
CITY-ST-ZIP	Longwood, FL 32779	
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	P/D	☐ Change ☒ Addition
1.2 NAME	Jonathan Smiga	
1.3 STREET ADDRESS	5201 Haverill Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32809	
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	David New	
2.3 STREET ADDRESS	1217 Cloverlawn Avenue	
2.4 CITY-ST-ZIP	Orlando, FL 32806	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	Marshall Luther	
3.3 STREET ADDRESS	867 Sweetwater Island Circle	
3.4 CITY-ST-ZIP	Longwood, FL 32779	
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		

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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: ✓ ____ 5/24/96 ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jonathan Smiga (407)859-5800