

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000025112 (0)**

1. Corporation Name  
**INTARSIA, INC.**



Principal Place of Business <b>1051 CYPRESS LAKE DRIVE SUITE B ORLANDO FL 32837</b>	Mailing Address <b>1051 CYPRESS LAKE DRIVE SUITE B ORLANDO FL 32837</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>30</b>		3. Date Incorporated or Qualified <b>03/27/1995</b>	4. FEI Number <b>59-3318365</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SMIGA, JONATHAN  
5201 HAVERILL DRIVE  
ORLANDO FL 32809**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>D</b>
NAME	<b>LUTHER, MARSHALL</b>	1.2 NAME	<b>BLATON M. SACK</b>
STREET ADDRESS	<b>887 SWEETWATER ISLAND CIRCLE</b>	1.3 STREET ADDRESS	<b>415 LANBURN DR, Apt D</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>	1.4 CITY - ST - ZIP	<b>LONG BEACH KEY FL 34228</b>
TITLE	<b>SD</b>	2.1 TITLE	
NAME	<b>NEW, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>1217 CLOVERLAWN AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	3.1 TITLE	
NAME	<b>SMIGA, JONATHAN</b>	3.2 NAME	
STREET ADDRESS	<b>5201 HAVERILL DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>LOMBARDO, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>8508 TULIP COURT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Jonathan Smiga* **JONATHAN SMIGA, President** 1/23/98 407 859-5800

CR2E034 (10/97)