

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90001 024 \*\*\*150.00

DOCUMENT # **P95000056362**

1. Corporation Name

**INTERMEDIARY CONSULTANTS GROUP, INC.**



Principal Place of Business

**104 WOODLAKE CIRCLE  
GREENACRES FL 33463**

Mailing Address

**104 WOODLAKE CIRCLE  
GREENACRES FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/19/1995**

4. FEI Number

**65-0593421**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**8058 ABERDEEN DR.**

Suite, Apt. #, etc.

**#101**

City & State

**BOYNTON BEACH**

Zip

**33437**

Country

**USA**

2a. Mailing Address

**8058 Aberdeen Dr.**

Suite, Apt. #, etc.

**#101**

City & State

**BOYNTON BEACH**

Zip

**33437**

Country

**USA**

9. Name and Address of Current Registered Agent

**CECCHINI, WALTER R.  
104 WOODLAKE CIRCLE  
GREENACRES FL 33463**

10. Name and Address of New Registered Agent

81 Name

**WALTER CECCHINI**

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

**8058 ABERDEEN DR #101**

83

City

**BOYNTON BEACH**

FL

85 Zip Code

**33437**

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 **Walter R. Cecchini**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/9/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CECCHINI, WALTER R.**

STREET ADDRESS **104 WOODLAKE CIRCLE**

CITY-ST-ZIP **GREENACRES FL 33463**

*See Above address Change*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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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 **WALTER CECCHINI** ☒ Change ☐ Addition

1.2 NAME **8058 Aberdeen Dr. #101**

1.3 STREET ADDRESS **Boynton Beach FL 33437**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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: **Walter R. Cecchini**

**8/9/99 561 742 0255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0079856

590068-9001-24  
P95000056362



# INTERMEDIARY CONSULTANTS GROUP

Insurance, Re-Insurance and Financial Consultants

8/7/99

To Whom it Concerns;

Per my conversation of this date  
please find enclosed my check  
in the amount of \$150.00 per  
our conversation as I never received 1<sup>st</sup> notice.  
Also, please see new address.

Thank You for your consideration.

Walter R. Carich Jr.