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 # **P95000070827 (7)**

1. Corporation Name

INTELECARD RESOURCES, INC.

Principal Place of Business	Mailing Address
17 ROYAL PALM WAY SUITE 103 BOCA RATON FL 33432	17 ROYAL PALM WAY SUITE 103 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 433 Plaza Real
Suite, Apt. #, etc.
22 Suite 275
City & State
23 Boca Raton, FL
Zip 24 33432 Country 25 USA

2a. Mailing Address
26 433 Plaza Real
Suite, Apt. #, etc.
27 Suite 275
City & State
28 Boca Raton, FL
Zip 29 33432 Country 30 USA

4. FEI Number: 65-0606756 ☐ 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

HERRERA, JOHN A
17 ROYAL PALM WAY
SUITE 103
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Kirk Joseph
82 Street Address (P.O. Box Number is Not Acceptable): 433 Plaza Real
83 Suite 275
84 City: Boca Raton FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 607.0402 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: _____ Kirk Joseph, President
Signature, typed or printed name of registered agent and title of officer if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	HERRERA, JOHN A		1.2 NAME	Kirk Joseph	
STREET ADDRESS	17 ROYAL PALM WAY, SUITE 103		1.3 STREET ADDRESS	433 Plaza Real, Suite 275	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		☐ DELETE	2.1 TITLE	D/T/S	☐ Change ☒ Addition
NAME			2.2 NAME	Robert Dean Langdon	
STREET ADDRESS			2.3 STREET ADDRESS	433 Plaza Real, Suite 275	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ Kirk Joseph 561 362 6088 954-(561) 481-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #