## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000093290 (1)  1. Corporation Name INTERCARD INTERNATIONAL, INC.										
Principal Place of Business 218 COMMERCIAL BLVD. SUITE 204		Mailing Address 218 COMMERCIAL BLVD. SUITE 204								
LAUDERDALE BY THE SEA FL 33308		LAUDERDALE BY THE SEA FL 33308				3. Date Incorporated or Qualified 12/07/1995			e of Last Report	
k	lace of Business	2a. Mailing Ad	ddress				4. FEI Number	<b></b>		Applied For
Suite, Apt.	# otc	26	# oto				62.09M082C	) <u></u>		Not Applicable
22	#, 610.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required		
City & State	0	City & Sta	te				6. Election Campaign Financing			.00 May Be
23		28	·				Trust Fund Contribution			ded to Fees
Ζφ [ <b>24</b> ]	Country	Zφ		٠,	Country		8. This corporation has liability/or intangible tax under s 199.032,			
24	25 9. Name and Address of Cur	rent Registered Age	]30	<u> </u>			Florida Statutes	No No		
			····	8	1 N	lame	TO. Haille and Address of New I	Jefistere	o Agent	
WEISE, I	MANFRED			82	1	Stroot Addre	ss (P.O. Box Number is Not Accepta	6.15X		
218 COMMERCIAL BLVD.				••	<b>*</b>	street Addre	ss (r.o. box number is not accepta	bie)		
SUITE 204				83	3					
LAUDERDALE BY THE SEA FL 33308					4 -	Dity	FL 85 Zip Code			
familiar wii	to the provisions of Sections 607.05 et agent, or both, in the State of Fifth, and accept the obligations of, S	ection 607.0505, Floric	as authorized by da Statutes.	y trie cor	pora	tion's board	tion submits this statement for the pu of directors. I hereby accept the app	ointment :	hanging it: as registeri	s registered office ed agent. I am
12.		AND DIRECTORS	(ROIF Re	gsteren Ag-	FVI Sig	reduce required s	ADDITIONS/CHANGES TO OF	DATE	NO DIBECT	TORS IN 12
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6.4 CI\*Y - \$1 - 7IP 14. Ido hereby certify that the information supplied with this filling 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 consoration or the requiremental annual report to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 changed, for on all attachments with an address.

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 951 772 2225