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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093290 (1)

INTERCARD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address	
The part tace of pasificss	Midning Modress	
218 COMMERCIAL BLVD.	218 COMMERCIAL BLVD.	
SUITE 204	SUITE 204	

FILED Mar 14 1997 8:00am Secretary of State



Principal Place of Business 218 COMMERCIAL BLVD. SUITE 204 LAUDEDNALE BY THE SEA SI, 22220		Mailing Address	218 COMMERCIAL BLVD. SUITE 204			I INDIINDU IIM INIBA RIEM BRAIN DUMI DUMI DUM	110 ID180 HIII		9 144 8 8 11 1 9 8 1
		218 COMMERCIAL B							
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308-446			1 02	3. Date incorporated or Qualified 3a. Date of Last R 12/07/1995 04/22/1996					
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	- :,,		Applied For
21		26	26			65-0640850			Not Applicable
Suite, Ap	·l. #, etc.	Suite, Apr. #. etc.		,	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Sta	ale	City & State		6. Election Campaign Financing \$5.00 May Be					
23		28	28		Trust Fund Contribution	_		d to Fees	
Zip	Country	Zιp	}	intry		8. This corporation has liability for inter			s. 199.032,
24	25		30	,·		Florida Statutes			
	9. Name and Address of Curre	ent Hegistered Agent		7	5 1 - F1 -	10. Name and Address of New Regist	tered Age	1t	
	EISE, MANFRED			61	Name				
	8 COMMERCIAL BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	JITE 204	200		83					
LA	NUDERDALE BY THE SEA FL 333	308		83					
				84	City		85	5 Z1	o Code
44 Duraus	t to the provisions of Protions COZ Or	.00 and 602 1500 Fig. 1- 6	tolutes the			poration submits this statement for the purp	FL °	<u></u>	
agent. I	am familiar with, and accopt the obli	gations of, Section 607.050	5, Florida Stat	utes		tion's board of directors. I hereby accept th		nent a	is registered
12.	Signature typed or printed name of registered a OFFICERS A	gent and the Tappocable ND DIRECTORS	(NOTE: Registered	d Ager	nt signature requi	red when reinstating) D ADDITIONS/CHANGES TO OFFICERS	DATE	ECTC	
TITLÉ	D	DELETE		LLE	Т	ADDITIONS/CHANGES TO OF FIGERS		Change	
NAME	WEISE, MANFRED		1.2 N					· ····································	
STREET ADDRESS	A46 COMMEDOM BUS OF	JITE 204			ADORESS				
CITY-ST-ZIP	LAUDERDALE BY THE SEA I			TY - S1					
TITLE		DELETE			1-411			Change	Addition
NAME			2.2 N/	WF					
STREET ADDRESS	; i				ADDRESS				
CITY-ST-ZIP			2. 4 C						
TITLE		DELETE						Change	Addition
NAME			3.2 NA	AME		•			
STREET ADDRESS	:		3.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	1		3.4. C	TY-S	I - ZIP				
TITLE		DELETE	4111	īL Ē				Change	Addition
NAME			4. 2 N	AMŁ					
STREET ADDRESS	:		4.3 ST	REFT A	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4 4 CI	17-51	- 719				
TITLE		☐ DELETE	511	LF				Change	Addition
NAME			5 2 N/	ME	f				
STREET ADDRESS	:		5 3 S1	REET #	ADDRES\$				
CITY-ST-ZIP	<u> </u>		5.4 CI	IY-SI	- 700				
TITLE		Delete	61111	T(F				Change	Addition
NAME			6.2 N/	ME	1				
STREET ADDRESS	; 		6.3 S1	REEL A	ADDRESS				
CITY-ST-ZIP			6.4 CF	IY-S1	- 7IP				

14. To 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 eath, that I am an officer or director of the corporation or the redevice or trustee expression of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attact ment with a address.

24107