

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 # P95000094054 (0)

1. Corporation Name

INTERTECH, INC.



Principal Place of Business

4316 SAGE OAK COURT
JACKSONVILLE FL 32277-1018

Mailing Address

4316 SAGE OAK COURT
JACKSONVILLE FL 32277-1018

3. Date Incorporated or Qualified
12/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2100 CORPORATE SQUARE BLVD 26 2100 CORPORATE SQUARE BLVD

4. FEI Number
59-3349332

Applied For
Not Applicable

22 Suite, Apt. #, etc.
SUITE # 200

27 Suite, Apt. #, etc.
SUITE # 200

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
JACKSONVILLE, FL

28 City & State
JACKSONVILLE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
32216

25 Country
USA

29 Zip
32216

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, ALFREDO A SR
4316 SAGE OAK COURT
JACKSONVILLE FL 32277-1018

81 Name
AMRO HABIB
82 Street Address (P.O. Box Number is Not Acceptable)
2100 CORPORATE SQUARE BLVD
83 SUITE # 200
84 City
JACKSONVILLE FL 85 Zip Code
32216

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, printed name of registered agent and title if applicable

AMRO HABIB, TREASURER

4/25/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	ECHVERRIA, ALEJANDRO A	6861 LA PAZ COURT	JACKSONVILLE FL 32244	<input type="checkbox"/>
DS	WALKER, EDWARD R	6861 LA PAZ COURT	JACKSONVILLE FL 32244	<input type="checkbox"/>
DV	JIMENEZ, ALFREDO A SR	4316 SAGE OAK COURT	JACKSONVILLE FL 32277-1018	<input type="checkbox"/>
DT	HABIB, AMRO K	215 S MURRAY ST	LAKE CITY FL 32025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	ECHVERRIA, ALEJANDRO A	622 EGRET BLUFF LN	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>
DS	WALKER, EDWARD R	622 EGRET BLUFF LN	JACKSONVILLE FL 32211	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMRO HABIB

4/25/96 904-724-1001

Date

Daytime Phone

CR2E034 (12/95)