

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90009 007 \*\*\*150.00

03-17-1999 90009 008 \*\*\*\*\*8.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000094054**

1. Corporation Name  
**INTERTECH, INC.**

Principal Place of Business  
**2100 CORPORATE SQUARE BLVD  
SUITE 200  
JACKSONVILLE FL 32216  
US**

Mailing Address  
**2100 CORPORATE SQUARE BLVD  
SUITE 200  
JACKSONVILLE FL 32216  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/08/1995**

4. FEI Number

**59-3349332**

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HABIB, AMRO  
2100 CORPORATE SQUARE BLVD.  
SUITE 200  
JACKSONVILLE FL 32216**

81. Name

**Habib, Amro**

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

**3737 St. Johns Avenue**

83.

84. City

**Jacksonville**

**FL**

85. Zip Code  
**32205**

11. Pursuant to the provisions of Sections 607.0509 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**February 9, 1999**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE  
NAME ECHEVERRIA, ALEJANDRO A  
STREET ADDRESS 622 EGRET BLUFF LN  
CITY-ST-ZIP JACKSONVILLE FL 32211

11 TITLE **"Director of Landscaping"** ☐ Change ☒ Addition  
12 NAME **H. Robert Wright** **Architect**  
13 STREET ADDRESS **85999 Overseas Highway, Unit #4**  
14 CITY-ST-ZIP **Islamorada, Florida 33036**

TITLE T ☐ DELETE  
NAME WALKER, EDWARD R  
STREET ADDRESS 5000 SAN JOSE BLVD #142  
CITY-ST-ZIP JACKSONVILLE FL 32207

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME JIMENEZ, ALFREDO A SR  
STREET ADDRESS 4316 SAGE OAK COURT  
CITY-ST-ZIP JACKSONVILLE FL 32277-1018

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME HABIB, AMRO K  
STREET ADDRESS 622 EGRET BLUFF LN  
CITY-ST-ZIP JACKSONVILLE FL 32211

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE: **Alfredo Jimenez** **February 9, 1999** **904-724-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (11/98)