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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90260 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000001594**

1. Corporation Name  
**INTERSINERGY CORPORATION**



Principal Place of Business  
**4401 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**

Mailing Address  
**4401 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/05/1996**

4. FEI Number  
**65-0634504**

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**TERPENING, ROBERT J  
 4401 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **PDC**  
 NAME **DALMAU, JORDI**  
 STREET ADDRESS **4401 PONCE DE LEON BLVD**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD**  DELETE

NAME **DALMANU, AURORA G**  
 STREET ADDRESS **4401 PONCE DE LEON BLVD**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VT**  DELETE

NAME **DALMAU, JORGE A**  
 STREET ADDRESS **4401 PONCE DE LEON BLVD**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **V**  DELETE

NAME **DALMAU, JAMER**  
 STREET ADDRESS **4401 PONCE DE LEON BLVD**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VS**  DELETE

NAME **TERPENING, ROBERT J**  
 STREET ADDRESS **4401 PONCE DE LEON BLVD**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 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: *Robert J Terpening, VP-Scot*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/99*  
 Date

*305-446-5666*  
 Daytime Phone #

CR2E034 (1/98)