Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90169 001 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000027589

THE INT	EL GROUP, INC.					2 1881/1881 HA 181/18 STHI SUH 188/H 38/H 38/H 38/H	     <b>                                 </b>	101 1017 <b>0</b> 1011 1001
	•							
Principal Place	e of Business	Mailing Address				T 1801/00; III (ADI) ADIY OBIY OBIY EAR! DUID		(M) (M) (M)
8000 S. ORANGE AVE. P.O. BOX 622022								
ORLANDO FL 32812 ORLANDO FL 32812						DO NOT WRITE IN THIS	SDACE	
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/19/1996		
2. Principal P	lace of Business	2a. Mailing Addre	ss			4. FEI Number		Applied For
21		26				59-3367815		Not Applicable
Suite, Apt.	#; etc.	Suite, Apt. #,	etc.				\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	<b>0</b> мау Ве
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent		ļ_,		10. Name and Address of New Registered	Agent	
				81	Name			
	LOR, JOHN F			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4351 PLAYA COURT				-				
ORL	ANDO FL 32812			83				
			•	0.4	City		85 Z	p Code
				84	City	FL		p code
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such chang ations of, Section 607.0	e was authorize 505, Florida Stat	d by tutes.	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as	registered
	Signature, typed or printed name of registered ag			_	t signature requi	red when reinstating) DATE	D DIDEO	TODG IN 12
12.		ND DIRECTORS	13.	·		ADDITIONS/CHANGES TO OFFICERS AN	Chang	
TITLE	D	FT DE						e Dyddillou
NAME !	TAYLOR, JOHN F		1.2 N					
STREET ADDRESS	4351 PLAYA COURT		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812			ITY-\$1	T-ZIP			
TITLE	D	☐ DE	LETE 2,1 T	ITLE			Chang	e Addition
NAME	PINDER, FRANKLYN B III		2.2 N	AME	-		•	
STREET ADDRESS	4351 PLAYA COURT		2.3 \$	TREET	ADDRESS			
*CITY-ST-ZIP **	ORLANDO FL 32812	·		CITY-S	T-ZIP			
TITLE	•	□ DE	LETE 3.1 T	ITLE	-		Chang	e Addition
NAME			3.2 N	AME	1			
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		☐ DE	LETE 4.1 T	ILTÉ			Chang	e
NAME			4.21	NAME	Į			
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 0	ATY-S1	T-ZIP			
TITLE		☐ DE	LETE 5.1 T	TLE			☐ Chang	e Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-S1	T-ZIP			

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fould report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in left with an address, with all other like empowered. 14. I hereby certify that the information supplied w indicated on this annual report or supplier end officer or director of the corporation or the pro-Block 12 or Block 13 if changed, or on an end.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE REQUIRED

☐ Change

☐ Addition