


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

FILED

Jun 03 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>P96000097633</i> 1. Corporation Name <b>INTER INVEST TRUST INC.</b>					
Principal Place of Business <b>121 E. BROWARD BLVD SUITE 200 FORT LAUDERDALE FL 33301</b>			Mailing Address <b>SAME AS PRINCIPLE PLACE OF BUSINESS</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 4. FEI Number <b>65-0757074</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KURTEN, LEONHARD</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2318 N. BAY ROAD</b> 83 84 City <b>MIAMI BEACH</b> FL 85 Zip Code <b>33140</b>	
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: <i>Leonhard Kurten</i> <b>LEONHARD KURTEN</b> DATE: <b>5/21/98</b> (NOTE: Registered Agent signature required when re-instating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSTD KURTEN, LEONHARD</b> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>2318 N. BAY ROAD MIAMI BEACH FL 33140</b> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>400002549254</b> <b>-06/05/98--01085--008</b> <b>***150.00</b>		
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. SIGNATURE: <i>Leonhard Kurten</i> <b>4/27/98</b> (954) <b>462-0061</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (10/97)