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 # **P9700063070**

INTERCRAFT INTERNATIONAL, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90088 034 ***150.00



Principal Place	of Business	Mailing Address				
4543 LAKE CAL	abay drive	4543 LAKE CALABAY DRIVE				
ORLANDO FL 3	2837	ORLANDO FL 32837		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	OI / TOL	•
		l a sauti a da		07/22/1997 4. FEI Number		pplied For
	ace of Business	2a. Mailing Address	LI BUU NO			lot Applicable
	7 VELLEUX DR		LLEUX DR	59-3461780		Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Required
22		27				<u> </u>
City & State		City & State	T 1 50164	6. Election Campaign Financing	-	May Be to Fees
23 ORL			Country	Trust Fund Contribution		10 1 662
□ Zip	Country			8. This corporation owes the current year Int	angible Yes	□No
<u> 24 328</u>	37 25 U.S.A		U.S.A	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
TADA	UE IA CILIATA		81 Name	RNETA SUTATA		
	NEJA, SUJATA		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
4543 LAKE CALABAY DRIVE				7 VELLEUX DRIVE		
OHL	ANDO FL 32837		83			
			84 City	<u></u>	85 Zip	Code
			IORI	LANDO FL	. L3	2837
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	ne above-named corr	poration submits this statement for the purpose of	changing it	s registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was author	nzed by the corporati	on's board of directors. I hereby accept the appoi	ntment as n	egistered
SIGNATURE				ad when reinstating) DATE		
	Signature, typed or printed name of registered agent	4.7.	stered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	OFFICERS AND		13.	ADDITIONS/OFFIANGES TO OFFICERO AT	Change	
TITLE	D TABLETA CHIATA				,	_
NAME	TARNEJA, SUJATA	3	1.2 NAME	WENT WELLEILY D	DIVE	
STREET ADDRESS	4543 LAKE CALABAY DRIVE	9	1.3 STREET ADDRESS	4507 VELLEUX D ORLANDO, FL 328	207	
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP	URLANDO, FL 570	> 7	☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE		Change	
NAME	tarneja, sunil		2.2 NAME			
STREET ADDRESS	4543 LAKE CALABAY DRIVE		2.3 STREET ADDRESS	4507 VELLEUX DR	IVE	•
CITY-ST-ZIP	ORLANDO FL 32837		2.4 CITY-ST-ZIP	ORLANDO, FL 328	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE	,	☐ Change	Addition Addition
NAME			3.2 NAMÉ			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE			4.1 TITLE		Change	Addition
NAME			4.2 NAME			
			4.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		["] Change	Addition
TITLE			5.2 NAME			<u> </u>
NAME						
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE			6.1 TITLE		☐ Change	e Addition
NAME		a	6.2 NAME			
STREET ADDRESS		i	6.3 STREET ADDRESS			
CITY, ST. ZIP			6.4 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.