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Secretary of State

06-09-1999 90020 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000093741(1)**

1. Corporation Name

INTERCARDE, INC.

Principal Place of Business

Mailing Address

**6805 FOUNTAINS CIRCLE
LAKE WORTH, FL 33467**

**6805 FOUNTAINS CIRCLE
LAKE WORTH, FL 33467**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/97

4. FEI Number

65-0794830

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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 3100 South Ocean Blvd

2a. Mailing Address

26 3100 South Ocean Blvd

Suite, Apt. #, etc.

22 Apt 201N

Suite, Apt. #, etc.

27 Apt 201N

City & State

23 Palm Beach FL

City & State

28 Palm Beach FL

Zip

24 33480

Country

Zip

29 33480

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, BERNARD
3100 South Ocean Blvd.
Apt. 201N
Palm Beach, FL 33480**

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

TITLE **D** ☐ DELETE
NAME **HOWARD, BERNARD**
STREET ADDRESS **6805 FOUNTAINS CIRCLE**
CITY - ST - ZIP **LAKE WORTH FL 33467**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **HOWARD, BERNARD**
1.3 STREET ADDRESS **3100 South Ocean Blvd. Apt 201N**
1.4 CITY - ST - ZIP **Palm Beach, FL 33480**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: **Bernard Howard** **BERNARD HOWARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #