


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

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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90100 024 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100069**

1. Corporation Name  
**STRATEGIC INTERCAPITAL CORP.**

Principal Place of Business <del>4901 NW 17TH WAY, SUITE 407</del> <del>SUITE 405</del> <del>FT. LAUDERDALE FL 33309</del> <del>US</del>	Mailing Address <del>4901 NW 17TH WAY, SUITE 407</del> <del>SUITE 405</del> <del>FT. LAUDERDALE FL 33309</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3840 W. HILLSBORO BLVD</b> Suite, Apt. #, etc. 22 <b>PMB 206</b> City & State 23 <b>DEERFIELD BEACH FL</b> Zip 24 <b>33442</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>3840 W. HILLSBORO BLVD</b> Suite, Apt. #, etc. 27 <b>PMB 206</b> City & State 28 <b>DEERFIELD BEACH FL</b> Zip 29 <b>33442</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>11/21/1997</b>	4. FEI Number <b>65-0794808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <del>PARADISO, DON A.</del> <del>5874 DEERFIELD PL</del> <del>LAKE WORTH FL 33463</del>	10. Name and Address of New Registered Agent 81 Name <b>FRED E. MORGENSTERN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3840 W. HILLSBORO BLVD PMB 206</b> 83 84 City <b>DEERFIELD BEACH FL</b> 85 Zip Code <b>33442</b>
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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 *Fred E. Morgenstern* **FRED E. MORGENSTERN** 04/28/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>M</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>M</b>
NAME	<b>MORGENSTERN, DAVID A.</b>	1.2 NAME	<b>FRED E. MORGENSTERN</b>
STREET ADDRESS	<b>4901 NW 17TH WAY, SUITE 405</b>	1.3 STREET ADDRESS	<b>3840 W. HILLSBORO BLVD PMB 206</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		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.

SIGNATURE: *Fred E. Morgenstern* **FRED E. MORGENSTERN** 04/28/99 954 557. 3651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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