

DOCUMENT # P98000017089

INTERGROWTH DATA CORP.

FILED

01 OCT -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 3341 PINE HILL TRAIL 3341 PINE HILL TRAIL
 PALM BEACH GARDENS, FL. PALM BEACH GARDENS, FL.
 33418-3503 U.S. 33418-3503 U.S.

2. Principal Place of Business 3. Mailing Address
 9310 SOUTH US 1 706 MARITIME WAY
 Suite, Apt., #, etc. Suite, Apt., #, etc.

City & State City & State
 Port St. Lucie, FL. NORTH PALM BEACH, FL.
 Zip Country Zip Country
 34952 ST. LUCIE 33410 PALM BEACH

REINSTATEMENT

2001

4. FEI Number 65-0814169
 Aspiration For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUBAIL, ABRAHAM
 3341 PINE HILL TRAIL
 PALM BEACH GARDENS, FL.
 33418-3503

Name ABRAHAM TOUBAIL
 Street Address (P.O. Box Number is Not Acceptable)
 706 MARITIME WAY
 City NORTH PALM BEACH FL Zip Code 33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Abraham Toubail*
 Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/28/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PRES.	DAVIS DREW	2217 SE. MELUCA BLVD.	PORT ST. LUCIE, FL. 34952	☐
V. PRES	TOUBAIL ABRAHAM	3341 PINE HILL TRAIL	PALM BEACH GARDENS, FL. 33418	☒
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
V. PRES	TOUBAIL ABRAHAM	706 MARITIME WAY	NORTH PALM BEACH, FL. 33410	☒
				☐
				☐
				☐
				☐
				☐

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Abraham Toubail* ABRAHAM TOUBAIL 9/28/01 (561)622-7303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Phone #