


FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90150 034 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # S11795 1. Corporation Name INTERCOMP SERVICES, INC. | | | |
| Principal Place of Business 6900 NW 82 ST. TAMARAC FL 33321 | | Mailing Address 6900 NW 82 ST. TAMARAC FL 33321 191 HIGHLAND RD WAYNESVILLE, NC 28786 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 191 HIGHLAND RD Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State WAYNESVILLE NC | |
| 23 Zip Country | | 28 Zip Country 28786 | |
| 24 | | 29 | |
| 9. Name and Address of Current Registered Agent MENON, PATRICIA A. 6900 NW 82 ST. TAMARAC FL 33321 | | 10. Name and Address of New Registered Agent 81 Name SHARON COE 82 Street Address (P.O. Box Number is Not Acceptable) 518 T. GULIELM COURT 83 84 City SPRING HILL, FL 85 Zip Code 34608 | |
| 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 SHARON COE <i>Sharon Coe</i> 5/14/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME MENON, CHANDRA G. STREET ADDRESS 6900 NW 82 ST. CITY-ST-ZIP TAMARAC FL | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MENON, CHANDRA G. 1.3 STREET ADDRESS 191 HIGHLAND RD 1.4 CITY-ST-ZIP WAYNESVILLE, NC 28786 | |
| TITLE DVS <input type="checkbox"/> DELETE NAME MENON, PATRICIA STREET ADDRESS 6900 NW 82 ST. CITY-ST-ZIP TAMARAC FL | | 2.1 TITLE DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MENON, PATRICIA 2.3 STREET ADDRESS 191 HIGHLAND RD 2.4 CITY-ST-ZIP WAYNESVILLE, NC 28786 | |
| TITLE T <input type="checkbox"/> DELETE NAME MENON, PATRICIA STREET ADDRESS 6900 NW 82 ST. CITY-ST-ZIP TAMARAC FL | | 3.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME MENON, PATRICIA 3.3 STREET ADDRESS 191 HIGHLAND RD 3.4 CITY-ST-ZIP WAYNESVILLE, NC 28786 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Patricia A. Menon* **PATRICIA A. MENON** **4/10/99 (828) 452-2781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)