

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S50127 (7)
 1. Corporation Name
INTERCONTINENTAL ADVISORS, INC.



Principal Place of Business 1301 S 1ST ST #702 JACKSONVILLE BCH FL 32250 US	Mailing Address 1301 S FIRST ST STE 702 JACKSONVILLE BCH FL 32250 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 234 PRINDLE DRIVE EAST Suite, Apt. #, etc. 22 JACKSONVILLE, FL City & State 23 32225 Zip 25 U.S. Country	2a. Mailing Address 26 P.O. Box 51327 Suite, Apt. #, etc. 27 JACKSONVILLE BEACH, FL City & State 28 32240-1327 Zip 30 U.S. Country
--	--

3. Date Incorporated or Qualified 05/07/1991	4. FEI Number 59-3068523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
SAMMARCO KATHLEEN ANN
1301 S FIRST ST
STE 702
JACKSONVILLE BCH. FL 32250

10. Name and Address of New Registered Agent
81 Name KATHLEEN A. Sammarco
82 Street Address (P.O. Box Number is Not Acceptable) 234 PRINDLE DRIVE EAST
83
84 City JACKSONVILLE FL 85 Zip Code 32225

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: *Kathleen A. Sammarco* **KATHLEEN A. SAMMARCO - PRESIDENT** **4-1-98**
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 P	<input type="checkbox"/> DELETE
NAME SAMMARCO, KATHLEEN A	
STREET ADDRESS 1301 S FIRST ST., STE. 702	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME KATHLEEN A. SAMMARCO	
1.3 STREET ADDRESS 234 PRINDLE DRIVE EAST	
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32225	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(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.

SIGNATURE: *Kathleen A. Sammarco* **KATHLEEN A. SAMMARCO - PRESIDENT** **4-1-98**

CR2E034 (10/97)