

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F69704

**FILED  
Mar 17, 2017  
Secretary of State  
CC4254008983**

**Entity Name:** INTERCONTINENTAL SALES CORPORATION

**Current Principal Place of Business:**

910 SW 12 AVE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

PO BOX 6549  
DELRAY BEACH, FL 33021 US

**FEI Number:** 59-2166025

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHWEIBISH, SHARON  
7769 TRIESTE PLACE  
DELRAY BEACH, FL 33446 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SCHWEIBISH, RALPH  
Address 7769 TRIESTE PLACE  
City-State-Zip: DELRAY BEACH FL 33446

Title S  
Name SCHWEIBISH, SHARON  
Address 7769 TRIESTE PLACE  
City-State-Zip: DELRAY BEACH FL 33446

Title D  
Name SINGER, SAMANTHA  
Address 7769 TRIESTE PLACE  
City-State-Zip: DELRAY BEACH FL 33446

Title D  
Name NEEDELL, STACY  
Address 7769 TRIESTE PLACE  
City-State-Zip: DELRAY BEACH FL 33446

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH SCHWEIBISH

**PD**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date