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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 580587

(4)

INTRA-COASTAL DELIVERY SERVICE, INC. Principal Place of Business Mailing Address 1919 NW 19 ST. #2A 1919 NW 19 ST. #2A FT LAUDERDALE FL 33311-3529 FT LAUDERDALE FL 33311 3a. Date of Last Report 03/22/1996 3. Date Incorporated or Qualified 07/28/1978 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1835912 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Z_{1D} Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARDWELL, JAMES E. ARDWE !! AMES 1919 NW 19 ST. #2A 82 Street Address (P.O.Box Number is Not Acceptable) FT LAUDERDALE FL 33311 **B3** 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change 1.1 TITLE TITLE CARDWELL, JAMES E. 1.2 NAME NAME 1919 NW 19 ST. 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL City - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CARDWELL, NANCY R. 2.2 NAME 1919 NW 19 ST. 23 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE CARDWELL, DAVID G. NAME 32 NAME 1919 NW 19 ST. 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE CARDWELL, JEFFREY NAME 4.2 NAME 1919 NW 19 ST. STREET ADDRESS 4.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 64 CiTY-ST-ZIP 14. I do 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

SIGNATURE:

I am an officer or director appears in Block 12 or \$1

c 13 if changed

Daytime Phone #

FILED

Feb 06 1997 8:00am

Secretary of State

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