

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

FILED

**Feb 20 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 # 580587 (4)

1. Corporation Name
INTRA-COASTAL DELIVERY SERVICE, INC.

Principal Place of Business 2445 SW 10TH STREET POMPANO BEACH FL 33069	Mailing Address 2441 SW 10TH STREET POMPANO BEACH FL 33069
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3341 SW 10 STREET	26 3341 SW 10 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Pompano Beach, FL	City & State
23	28
Zip 33069	Country
24	25
Country	29
	30

3. Date Incorporated or Qualified 07/28/1978	
4. FEI Number 59-1835912	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARDWELL, JAMES E. 3341 SW 10 ST POMPANO BCH FL 33069	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, JAMES E.		1.2 NAME	
STREET ADDRESS 1919 NW 19 ST.		1.3 STREET ADDRESS 3341 SW 10 STREET	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP POMPANO Bch, FL 33069	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, NANCY R.		2.2 NAME	
STREET ADDRESS 1919 NW 19 ST.		2.3 STREET ADDRESS 3341 SW 10 STREET	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP POMPANO Bch, FL 33069	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, DAVID G.		3.2 NAME	
STREET ADDRESS 1919 NW 19 ST.		3.3 STREET ADDRESS 3341 SW 10 STREET	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP POMPANO Bch, FL 33069	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, JEFFREY		4.2 NAME	
STREET ADDRESS 1919 NW 19 ST.		4.3 STREET ADDRESS 3341 SW 10 STREET	
CITY-ST-ZIP FT LAUDERDALE FL		4.4 CITY-ST-ZIP POMPANO Bch, FL 33069	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address.

CR2E034 (10/97)

[Handwritten signature]

2/19/98