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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000187

1. Corporation Name
MIDCOAST CREDIT CORP.



Principal Place of Business
**1926 TENTH AVE N. 4TH FL
 LAKE WORTH FL 33461
 US**

Mailing Address
**1926 TENTH AVE N. 4TH FL
 LAKE WORTH FL 33461
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1995

4. FEI Number
11-1870337

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**ROGERS, JAMES
 1926 TENTH AVE N, 4TH FL
 LAKE WORTH FL 33461**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	JAMES M ROGERS	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAROLYN S SESCO	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EVE WILT	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HONORA	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SOPER, WILLIARD	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PARRA, OLGA	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SVP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SVP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen J. Shapiro	
4.3 STREET ADDRESS	1926 Tenth Avenue North, 4th Floor	
4.4 CITY-ST-ZIP	Lake Worth, FL 33461	
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Bernstein	
5.3 STREET ADDRESS	1926 Tenth Avenue North, 4th Floor	
5.4 CITY-ST-ZIP	Lake Worth, FL 33461	
6.1 TITLE	EVP/S	<input checked="" 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/19/99 (561) 540-6224
 Signature and typed or printed name of signing officer or director
OLGA PARRA, Executive Vice President

CR2E034 (1/198)