1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S30076

INTERCOAST COMPUTER TECHNOLOGIES OF FLORIDA, INC

Principal Place	e of Business	Mailing Address					••••
4367 INDEPEND	DENCE CT	4367 INDEPENDENCE CT					
E9	choc or	E9		ļ			
SARASOTA FL	34234	SARASOTA FL 34234		i	RITE IN THIS	SPACE	
US		US		 Date Incorporated or Qualife 02/06/1991 	di		
2 Principal Pl	lace of Business	2a. Mailing Address	<i>(</i> 1 ·)	4. FEI Number		I A	pplied For
— 1 1 d d d d d	i Nicole Circle	26 4441 Nicola	e Circle	65-0237247		l N	ot Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	 			\$8.75	Additional
	#, 6tc	27		5. Certifcate of Status Desired		Fee R	equired
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be
23 1 29	JESTA FL	28 Te QUESTA	ti	Trust Fund Contribution	' _□		to Fees
Zip	Country	Zip	Country	8. This corporation owes the cu	rrent year Int	angible Yes	M No
24 554		29 35467 30	<u> </u>	Personal Property Tax. 10. Name and Address of New	Registered		LEANO .
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered	Agent	
LIAIL	CELLAND WILLIAM TOWN		o i Name		•		
	KELMAN, WILLIAM JOHN		82 Street A	ddress (P.O. Box Number is Not Accep	table)		
	INDEPENDENCE CT						
#E9			83			•	
SAR	ASOTA FL 34234		84 City			85 Zip	Code
					FL	.	
office or ragent. I a	to the provisions of sections of sources registered agent, or both, in the state of medical familiar with and accept the billight	Florida. Such change was author ons of, Section 607.0505, Florida S	ized by the corpor Statutes.	orporation submits this statement for the ration's board of directors. I hereby according to the result of the res	~ ~	ntment as r	egistered
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Regis	tered Agent signature red		DATE		
12.	Signature, typed or printed name of registered agent		tered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECT	
		D DIRECTORS			DATE		ORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		DATE	ID DIRECT	
12. TITLE NAME	OFFICERS AND P HINKELMAN, WILLIAM J	D DIRECTORS DELETE	13. 1.1 TITLE		DATE	ID DIRECT	
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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 employered 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 arachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

abired AME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90031 005 ***150.00