FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439560 (4)

1. Corporation Name

EAST COAST INDUSTRIAL PARK, INC.

Principal Place of Business	Mailing Address
1920 PALM BCH LAKES BLVD. SUITE 202 WEST PALM BEACH FL 33409	1920 PALM BCH LAKES BLVD. SUITE 202 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 11/07/1973
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business	2a. Mailing Address
21 5841 Corporate Way	26 5841 Corporate Way
Suite, Apt. #, etc — 22 Suite 100	Suite, Apt. #, etc — 27 Suite 100
City & State — 23 West Palm Beach, FL	City & State — 28 West Palm Beach, FL
Zip — 24 33407; Country — 25 Palm Beach	Zip — 29 33407; Country — 30 Palm Beach

4. FEI Number: 59-1534146 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, N. GRIFFIN
1920 PALM BEACH LAKES BOULEVARD
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5841 Corporate Way
83 Suite 100
84 City West Palm Beach FL 85 Zip Code 33407

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, N. GRIFFIN		1.2 NAME	
STREET ADDRESS	1920 PALM BEACH LAKES BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33409		1.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALDRON, THOMAS S.		2.2 NAME	
STREET ADDRESS	1920 PALM BEACH LAKES		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	900001827219
TITLE		☐ DELETE	5.1 TITLE	-05/20/96--01005--001 ☐ Change ☐ Addition
NAME			5.2 NAME	***3400.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	5-17-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4-25-96 (Date) 407-689-4488 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N. Griffin Wilson, Pres.

CR2E034 (12/95)