

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90027 036 ****150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 480183
1. Corporation Name
EAST COAST AIR CORPORATION

Principal Place of Business Mailing Address
4406 NE 11TH AVE 4406 NE 11TH AVE
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334
US US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/08/1975
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-1612271
4	25	29
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
HERLIHY, FREDERICK 28 W. PALM DRIVE MARGATE FL 33063		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code
		FL

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					
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	HERLIHY, FREDRICK	1.1 TITLE	Change Addition		
STREET ADDRESS	26 PALM DRIVE	1.2 NAME			
CITY-ST-ZIP	MARGATE, FL 00000	1.3 STREET ADDRESS			
TITLE		1.4 CITY-ST-ZIP			
NAME		2.1 TITLE	Change Addition		
STREET ADDRESS		2.2 NAME			
CITY-ST-ZIP		2.3 STREET ADDRESS			
TITLE		2.4 CITY-ST-ZIP			
NAME		3.1 TITLE	Change Addition		
STREET ADDRESS		3.2 NAME			
CITY-ST-ZIP		3.3 STREET ADDRESS			
TITLE		3.4 CITY-ST-ZIP			
NAME		4.1 TITLE	Change Addition		
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
TITLE		4.4 CITY-ST-ZIP			
NAME		5.1 TITLE	Change Addition		
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	Change Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
TITLE		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: Frederick Herlihy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)