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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 555622			
1. Corporation Name INTRA-COASTAL PACKING, INC.			
Principal Place of Business 3222 S. MILITARY TRAIL LAKE WORTH FL 33463 US		Mailing Address 3222 S. MILITARY TRAIL LAKE WORTH FL 33463 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUTHLER, LORILEE 3222 S. MILITARY TRAIL LAKE WORTH FL 33463		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 reinstalling)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	
NAME	DUTHLER, GERALD	1.2 NAME	
STREET ADDRESS	5004 OLD OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	DUTHLER, RUTH	2.2 NAME	
STREET ADDRESS	5004 OLD OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	DUTHLER, LORILEE	3.2 NAME	
STREET ADDRESS	129 MAYFIELD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	RIPMA, GORDON	4.2 NAME	
STREET ADDRESS	142 PINE HILL TRAILS W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 an attachment with an address, with all other like empowered.

SIGNATURE: *Lorilee Duthler* SIGNATURE REQUIRED: *Lorilee Duthler* 1/11/99 (56) 964-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES Date Daytime Phone #

0354766

CR2E034 (11/98)