FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F08019 (4)

1. Corporation Name

LINTON INTRACOASTAL CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5100 CHAMPION BLVD. BOCA RATON FL 33496 US	5100 CHAMPION BLVD. BOCA RATON FL 33496 US

3. Date Incorporated or Qualified: 12/05/1980
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1900 Glades Road	26 1900 Glades Road
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33431	Country 25 USA
Zip 29 33431	Country 30 USA

4. FEI Number: 59-2117820 ☐ 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

FLACK, ROY
5100 CHAMPION BLVD.
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: Gary L. Kornfeld
82 Street Address (P.O. Box Number is Not Acceptable): 1400 Centrepark Boulevard, Suite 1000
83:
84 City: West Palm Beach FL 85 Zip Code: 33401

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] DATE: 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	FLACK, ROY	1.2 NAME		
STREET ADDRESS	5100 CHAMPION BLVD.	1.3 STREET ADDRESS	4050 N. Ocean Drive, Apt. 103	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Singer Island, FL 33404	
TITLE	VPD	2.1 TITLE		☒ Change ☐ Addition
NAME	SIEMENS, RICHARD	2.2 NAME		
STREET ADDRESS	5100 CHAMPION BLVD.	2.3 STREET ADDRESS	4800 N. Federal Highway, Suite 202E	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	TAS	3.1 TITLE		☒ Change ☐ Addition
NAME	KATZ, STANLEY M. (D)	3.2 NAME		
STREET ADDRESS	9000 W ATLANTIC BLVD	3.3 STREET ADDRESS	1900 Glades Road, Suite 400	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] 2/22/95 407-845-1457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROY FLACK, Pres.

0260730 CP