

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F08019 (4)**

1. Corporation Name  
**LINTON INTRACOASTAL CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1900 GLADES ROAD                  SUITE 400                  BOCA RATON FL 33431                  US</b>	Mailing Address <b>1900 GLADES ROAD                  SUITE 400                  BOCA RATON FL 33431                  US</b>
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3. Date Incorporated or Qualified <b>12/05/1980</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2117820</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2300 Glades Road</b> Suite, Apt. #, etc.	26 <b>2300 Glades Road</b> Suite, Apt. #, etc.
22 <b>Suite 100E</b> City & State	27 <b>Suite 100E</b> City & State
23 <b>Boca Raton, FL</b> Zip	28 <b>Boca Raton, FL</b> Zip
24 <b>33431</b> 25 <b>USA</b>	29 <b>33431</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**KORNFELD, GARY L.**  
**1400 CENTREPARK BOULEVARD, SUITE 1000**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLACK, ROY	12 NAME	
STREET ADDRESS	4050 N. OCEAN DRIVE, APT. 103	13 STREET ADDRESS	2025 LaPorte Drive
CITY-ST-ZIP	SINGER ISLAND FL	14 CITY-ST-ZIP	Palm Beach Gardens, FL 33431
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEMENS, RICHARD	22 NAME	
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 202E	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	TAS	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STANLEY M. (D)	32 NAME	
STREET ADDRESS	1900 GLADES ROAD, SUITE 400	33 STREET ADDRESS	2300 Glades Road, Suite 100E
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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CITY-ST-ZIP		64 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.

SIGNATURE: \_\_\_\_\_ **2-4-98**

CP2E034 (10/97)