

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

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90006 014 ****158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F08019

1. Corporation Name

LINTON INTRACOASTAL CORP.



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|---|--|--|
| Principal Place of Business 2300 GLADES RD STE 100E BOCA RATON FL 33431 US | | Mailing Address 2300 GLADES RD STE 100E BOCA RATON FL 33431 US | | 3. Date Incorporated or Qualified 12/05/1980 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 4. FEI Number 59-2117820 Applied For Not Applicable | |
| 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 FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD NAME FLACK, ROY STREET ADDRESS 2025 LAPORTE DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 33431 [] DELETE | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [] Change [] Addition | | |
| TITLE VPD NAME SIEMENS, RICHARD STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 202E CITY-ST-ZIP BOCA RATON FL [] DELETE | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition | | |
| TITLE TAS NAME KATZ, STANLEY M. (D) STREET ADDRESS 2300 GLADES RD, STE. 100E CITY-ST-ZIP BOCA RATON FL 33431 [] DELETE | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition | | |

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:

Stanley M. Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99 561-392666

CR2E034 (11/98)