

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 24 AM 11:15**

**DOCUMENT # F93000003949 (5)**

1. Corporation Name

**INTRACOASTAL A CORP.**

Principal Place of Business

**% G. SOROS REALTY, INC.  
888 SEVENTH AVENUE  
NEW YORK NY 10108**

Mailing Address

**% G. SOROS REALTY, INC.  
888 SEVENTH AVENUE  
NEW YORK NY 10108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**13-3730274**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

23. City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

27. City & State

**27**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when marketing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
GLADSTEIN, GARY  
888 SEVENTH AVENUE  
NEW YORK NY 10108**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
MARKS, EVAN M  
888 SEVENTH AVENUE  
NEW YORK NY 10108**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
CHAZEN, LEONARD  
520 MADISON AVENUE  
NEW YORK NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
ULMER, JOHN  
520 MADISON AVENUE  
NEW YORK NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
WALDMAN, HANNAH  
520 MADISON AVENUE  
NEW YORK NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
ANDERSON, PETER  
520 MADISON AVENUE  
NEW YORK NY 10022**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☒ Change ☐ Addition

**SECRETARY  
RODGERS, KEVIN  
520 MADISON AVE.  
NEW YORK, N.Y. 10022**

**TREASURER  
NELSEN, MICHAEL  
520 MADISON AVE.  
NEW YORK, N.Y. 10022**

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 (776.106), 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, as an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EVAN M. MARKS**

**2/9/95 (212) 397 5530**