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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90088 027 ***150.00

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1. Corporation Name

MIDCOAST CREDIT CORP.



Principal Place of Business

1926 TENTH AVE N. 4TH FL
LAKE WORTH FL 33461
US

Mailing Address

1926 TENTH AVE N. 4TH FL
LAKE WORTH FL 33461
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, JAMES
1926 TENTH AVE N, 4TH FL
LAKE WORTH FL 33461

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT
NAME JAMES M ROGERS
STREET ADDRESS 1926 TENTH AVE N, 4TH FL
CITY-ST-ZIP LAKE WORTH FL 33461

1.1 TITLE SVP/T/AS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME CAROLYN S SESCO
STREET ADDRESS 1926 TENTH AVE N, 4TH FL
CITY-ST-ZIP LAKE WORTH FL 33461

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

TITLE V
NAME EVE WILT
STREET ADDRESS 1926 TENTH AVE N, 4TH FL
CITY-ST-ZIP LAKE WORTH FL 33461

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

TITLE D
NAME SHAPIRO, HONORA
STREET ADDRESS 1926 TENTH AVE N, 4TH FL
CITY-ST-ZIP LAKE WORTH FL 33461

4.1 TITLE EVP
4.2 NAME Stephen J. Shapiro
4.3 STREET ADDRESS 1926 Tenth Avenue North, 4th Floor
4.4 CITY-ST-ZIP Lake Worth, FL 33461

TITLE DP
NAME SOPER, WILLIARD
STREET ADDRESS 1926 TENTH AVE N, 4TH FL
CITY-ST-ZIP LAKE WORTH FL 33461

5.1 TITLE D/V
5.2 NAME Michael Bernstein
5.3 STREET ADDRESS 1926 Tenth Avenue North, 4th Floor
5.4 CITY-ST-ZIP Lake Worth, FL 33461

TITLE VS
NAME PARRA, OLGA
STREET ADDRESS 1926 TENTH AVE N, 4TH FL
CITY-ST-ZIP LAKE WORTH FL 33461

6.1 TITLE EVP/S
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

1/19/99

(561) 540-6224

OLGA PARRA, Executive Vice President

Date

Daytime Phone #

CR2E034 (1/98)