


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90040 001 ***300.00

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|---|--|---|---|--|--|
| DOCUMENT # F95000000187 1. Entity Name MIDCOAST CREDIT CORP. | | | |  | |
| Principal Place of Business 1926 TENTH AVE N, 4TH FL 400 LAKE WORTH, FL 33461 US | | | Mailing Address 1926 TENTH AVE N, 4TH FL 400 LAKE WORTH, FL 33461 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 11-1870337 Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARRA, OLGA E 1926 TENTH AVE N, 4TH FL 400 LAKE WORTH, FL 33461 | | | | 7. Name and Address of New Registered Agent Name Michael Bernstein Street Address (P.O. Box Number is Not Acceptable) 1926 Tenth Avenue North Suite 400 City Lake Worth FL Zip Code 33461 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Michael Bernstein</i></u> 03/04/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BERNSTEIN, MICHAEL <input type="checkbox"/> Delete 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP SUZANNE R. PETIPREN <input type="checkbox"/> Change <input type="checkbox"/> Addition 1926 10TH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CAROLYN S SESCO <input type="checkbox"/> Delete 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KENNEDY, WILLIAM C <input checked="" type="checkbox"/> Delete 1926 TENTH AVE NORTH STE 400 LAKE WORTH, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAPIRO, HONORA <input checked="" type="checkbox"/> Delete 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP SHAPIRO, STEPHEN J <input type="checkbox"/> Delete 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PARRA, OLGA <input type="checkbox"/> Delete 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Michael Bernstein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 02/02/2004 <small>Date</small> | | 561-540-6224 <small>Daytime Phone #</small> |
| MICHAEL BERNSTEIN, PRESIDENT | | | | | |

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02022004 Chg-P CR2E034 (10/03)