

FILE NOW: FILING FEE IS \$61.25



NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # **F96000002185**

1. Corporation Name

920 INTRACOASTAL, INC.

Principal Place of Business

920 INTRACOASTAL DR
FT LAUDERDALE FL 33304

Mailing Address

920 INTRACOASTAL DR
FT LAUDERDALE FL 33304

FILED
Mar 04, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

25

Country

26

27

Country

28

29

30

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-1441199

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

9. Name and Address of Current Registered Agent

81 Name

CASEY, JOHN F
920 INTRACOASTAL DR #24
FT LAUDERDALE FL 33304

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DCP	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEATON, RICHARD J		1.2 NAME
STREET ADDRESS	920 INTRACOASTAL DR #5		1.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, JOHN F		2.2 NAME JULIA BREITENBACH
STREET ADDRESS	920 INTRACOASTAL DR #24		2.3 STREET ADDRESS 3333 NE 34TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33304		2.4 CITY-ST-ZIP FT LAUDERDALE FL 33306
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JAY		3.2 NAME
STREET ADDRESS	920 INTRACOASTAL DR #28		3.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33304		3.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, MARGARET		4.2 NAME
STREET ADDRESS	920 INTRACOASTAL DR #2		4.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33304		4.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARKEY, HELEN		5.2 NAME DONALD ANDREWS
STREET ADDRESS	920 INTRACOASTAL DR #27		5.3 STREET ADDRESS 704 B S BRADY
CITY-ST-ZIP	FT LAUDERDALE FL 33304		5.4 CITY-ST-ZIP DEARBORNE MI 48124
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 617, 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: *Richard J. Wheaton* REQUIRED **RICHARD J. WHEATON** 2-3-99 954-565-7358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (1198)