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

03-04-1999 90057 008 \*\*\*\*61.25

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**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



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

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  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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 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

TITLE DCP ☐ DELETE  
NAME WHEATON, RICHARD J  
STREET ADDRESS 920 INTRACOASTAL DR #5  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE DV ☒ DELETE  
NAME CASEY, JOHN F  
STREET ADDRESS 920 INTRACOASTAL DR #24  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE DST ☐ DELETE  
NAME SCHAFER, JAY  
STREET ADDRESS 920 INTRACOASTAL DR #28  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE D ☐ DELETE  
NAME BRIGGS, MARGARET  
STREET ADDRESS 920 INTRACOASTAL DR #2  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE D ☒ DELETE  
NAME SHARKEY, HELEN  
STREET ADDRESS 920 INTRACOASTAL DR #27  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME DS  
2.3 STREET ADDRESS JULIA BREITENBACH  
2.4 CITY-ST-ZIP 3333 NE 34TH ST  
FT LAUDERDALE FL 33306

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DT  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME DV  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS DONALD ANDREWS  
5.4 CITY-ST-ZIP 704 B S BRADY  
DEARBORNE MI 48124

6.1 TITLE ☐ Change ☐ Addition  
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 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* **SIGNATURE REQUIRED RICHARD J. WHEATON**

2-3-99 317.257-5494  
954.565-7358  
Date Daytime Phone #

CR2E037 (1/98)