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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L82830

1. Corporation Name
INTERCOASTAL WIRE & CABLE, INC.

Principal Place of Business
C/O GARY WOLFORD
3815 NORTH U.S. HIGHWAY 1, UNIT 3
COCOA FL 32926

Mailing Address
C/O GARY WOLFORD
3815 NORTH U.S. HIGHWAY 1, UNIT 3
COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1990

4. FEI Number
59-3017416
Applied For
Not Applicable

2. Principal Place of Business
21 106 Pierce ave
Suite, Apt. #, etc.

2a. Mailing Address
26 106 Pierce ave
Suite, Apt. #, etc.

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

23 Cape Canaveral, FL
City & State
Zip Country
24 32920 25 USA

28 Cape Canaveral, FL
City & State
Zip Country
29 32920 30 USA

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

WOLFORD, GARY
3815 NORTH U.S. HIGHWAY 1, UNIT 3
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name Gary Wolford
82 Street Address P.O. Box Number is Not Acceptable
106 Pierce ave
83
84 City Cape Canaveral FL 85 Zip Code 32920

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 *Gary Wolford*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME D. WOLFORD, GARY
STREET ADDRESS 8700 RIDGEWOOD AVE. B-202
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary Wolford
GARY WOLFORD

1-5-99

407 783 9930

CR2E034 (1/198)