SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOURT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION . • Sandra B. Mortham E Land Company ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 97 MAR -6 - AM 8: 20 **DOCUMENT #** M68890 (6) SECRETARY OF STATE EASTCOAST RAILING, INC. Principal Place of Business Mailing Address REINSTATEMENT 3400 PLAGE VALENCAY 3400 PLACE VALENCAY **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1988 06/08/1995 635 MISSION HIII 560. 4. FEI Number 2. Principal Place of Business Applied For 65-0016429 Not Applicable Suite, Apt. # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be inton Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ERNSTING, PAMELA 3400-PLACE-VALENGAY 82 **DELRAY-BEACH FL-93445** 83 64 11. Pursuant to the provisions of Sections 607.0502 and 607.7508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familifur with and accept the appointment as registered agent. I am familifur with and accept the appointment as registered agent. I am familifur with and accept the appointment as registered agent. I am familifur with and accept the appointment as registered agent. I am familifur with and accept the appointment as registered agent. I am familifur with and accept the appointment as registered agent. I am familifur with an accept the appointment as registered agent. I am familifur with an accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered agent. I am familifur with a second accept the appointment as registered accept the appointment as registered accept the appointment as r Statutes. 10 SIGNATURE ed name of registered age; nt signal yre required when reinstating) OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE **ERNSTING. CHRIS** 1.2 NAME 1155100 HILL NAME 3400 PLACE VALENCAY 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE THLE ERNSTING. PAMELA NAME 2.2 NAME 3400 PLACE VALENCAY 2.3 STREET ADORESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY - ST-ZIP Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 400002107 -03/10/97-****915.00 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS ****915.00 CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TIME NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE THILE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-S1-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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. Plorida Statutes; and that my name appears in Blook 12 or Block 13 if changed, or on an attachment with an address. 9-28-96

June Friend