## FILE NOW: FILING FEE AFTER MAY 1ST 1S \$550.00

Mailing Address

CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # M78939

FLORIDA EAST COAST DEVELOPMENT, INC.

Block 12 or Block 13 if changed, or on an attachmen

## Jan 22 1998 8:00am Secretary of State Secretary of State DIVISION OF CORPORATIONS (9)



**FILED** 

12783-A WEST FOREST HILL BLVD. 13833 E-14 WELLINGTON TRACE WELLINGTON FL 33414 #202 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 12783-A W. FORET HUBLE 65-0060391 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Country Zìo Yes Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Mame GOLD Ste(W) 81 GOLDSTEIN, JERALD A. Jeraus 301 YAMATO RD., #3101 82 Street Address (P.O. Box Number is Not #300 IAMATO 83 **BOCA RATON FL 33431** 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 acceptable obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE Piconcelli PICONCELLI, JOSEPH R 1.2 NAME . NAME 2217 SUNDERLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TIDE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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