

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25074 (6)

1. Corporation Name

DELRAY INTRACOASTAL CORP.



Principal Place of Business

800 2ND AVENUE
DES MOINES IA 50309

Mailing Address

800 2ND AVENUE
DES MOINES IA 50309

3. Date Incorporated or Qualified

07/06/1989

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THURSTON, STANLEY G.	
STREET ADDRESS	665 HARWOOD DR	
CITY-STATE-ZIP	DES MOINES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STRUTT, DAVID S.	
STREET ADDRESS	301 41ST STREET	
CITY-STATE-ZIP	W. DES MOINES IA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NEIS, ARTHUR V.	
STREET ADDRESS	1575 NW 106TH COURT	
CITY-STATE-ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEITZ, FRED W.	
STREET ADDRESS	1245 BROWNS WOODS DR	
CITY-STATE-ZIP	DES MOINES IA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KENNY, EDWARD R.	
STREET ADDRESS	209 TONAWANDA DR.	
CITY-STATE-ZIP	DES MOINES IA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLEMME, D. WILLIAM	
STREET ADDRESS	5406 SHRIVER	
CITY-STATE-ZIP	DES MOINES IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Weitz, Fred W.	
1.3 STREET ADDRESS	800 Second Avenue	
1.4 CITY-STATE-ZIP	Des Moines, Iowa 50309	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Weitz, Stevenson	
2.3 STREET ADDRESS	800 Second Avenue	
2.4 CITY-STATE-ZIP	Des Moines, Iowa 50309	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William J. Hotovec	
3.3 STREET ADDRESS	800 Second Avenue	
3.4 CITY-STATE-ZIP	Des Moines, Iowa 50309	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Hotovec Sec/Treas 3/7/96 515-245-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)