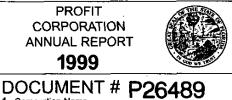
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

RC INTRACOASTAL INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katheripe Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90106 019 ***150.00



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							alf bibli bibli			
Principal Place of Business Mailing Address					Ì					
	TH RIVERSIDE									
SUITE 140		SUITE 1400				DO NOT WRITE IN THIS SPACE				
CHICAGO	IL 60606	CHICAGO IL 60606			}					
					ĺ	3. Date Incorporated or Qualifed 10/17/1989			ļ	
2 0-1	in I Disco of Durings	2a Mailing Address				4. FEI Number			Applied For	
_	ipal Place of Business	· — — — — — — — — — — — — — — — — — — —			36-3668986 Not Applied For					
21		26 Suite Act # etc				\$8.75 Add				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	5. Certifcate of Status Desired	3	•	Required	
22	2.61-1-	City & State			-					
·	& State					Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
23 Tin	Country	Country Zip Cou							d to rees	
Zip	25	— ` —	Country			This corporation owes the current Personal Property Tax.		gibie]Yes	□No	
24	9. Name and Address of Curren		<u>'l</u>			10. Name and Address of New Reg				
	3. Name and Address of Conten	t Nagisteren Agent	81	Name		tratify diff branches of trail area	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,=		
	THE PRENTICE-HALL CORPORATION	SYSTEM. INC.								
	110 NORTH MAGNOLIA STREET		82	Street	Address	s (P.O. Box Number is Not Acceptable	e)			
	TALLAHASSEE FL 32301		83	-				_		
	THE STATE OF		63	ļ						
			84	City			FL	85 Zi	p Code	
						Single Health and the second for the second			ito rogistorod	
offic	suant to the provisions of Sections 607.050 e or registered agent, or both, in the State	of Florida. Such change was autho	onzed by	the corpo	corpora eration s	ation submits this statement for the posi- s board of directors. I hereby accept t	rpose or cri he appointr	nent as	registered	
age	nt. I am familiar with, and accept the obligat	tions of, Section 607.0505, Florida	s Statute's			•				
SIGNAT	URE									
10	Signature, typed or printed name of registered agen			nt signature r	required wh	nen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIBEC	TOPS IN 12	
12.		D DIRECTORS	13.		DC	ADDITIONS/CHANGES TO OFFIC		Chang		
TITLE	PD TACHEDO MACAAKI	□ DELETE	1.1 TITLE					- Orlang		
NAME	TASHIRO, MASAAKI		1.2 NAME		121-	HBASHT, KENS	OKE			
STREET AD				TADORESS	ļ					
CITY-ST-ZI		- December	1.4 CITY-S	T-ZIP	<u> </u>			Chang	e Addition	
πιΕ	STD	☐ DELETE	2.1 TITLE				£	criariy	e 🗆 Addison j	
NAME	PLACK, JEFFREY C.		2.2 NAME							
STREET AD			2.3 STREE	TADDRESS	\				ļ	
CITY-ST-Z			2.4 CITY-5	ST- ZIP	 				P ^m = 4 3141	
TITLE	ASAT	☐ DELETE	3.1 TITLE		VA:			Chang	e 🗀 Addition	
NAME	GOLTERMANN, DONNA		3.2 NAME		HO	VANCC , DONNA	ŧ .]	
STREET AD	· 1		3.3 STREE	TADDRESS					[
CITY-ST-ZI	P CHICAGO IL		3.4. CITY-5	T-ZIP	\ <u>.</u>		-	1		
TITLE	V	☐ DELETE	4.1 TITLE		Q V		(Chang	e 🗌 Addition	
NAME	SCHRAMM, MICHAEL		4. 2 NAME							
STREET AD			4.3 STREE	T ADDRESS	}				[
CITY-ST-ZI	CHICAGO IL		4.4 CITY-S	T-ZIP				/		
TITLE	V	☐ DELETE	5.1 TITLE		VD]	Chang	e Addition	
NAME	NAOTO, YABU		5.2 NAME							
STREET AD	400 M PRIEDOIDE OTE 4400		5.3 STREE	TADORESS					. [
CITY-ST-ZI	01110400 11		5.4 CITY-S	T-ZIP	İ			1	l	
TITLE	VP	☐ DELETE	6.1 TITLE		V		(Chang	e	
NAME	NOBURO, KAWAII		6.2 NAME		yn.	LOYAMA, HIDEA	Œ		}	
STREET AD	AGO AL DO CEDOIDE OF MARCO		6.3 STREE	TADDRESS						
CITY-ST-ZI	01110400 11		6.4 CITY-S	T- ZIP					1	
UI11-51-ZI	I OTHOROUGE		v		1					

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 attactiment with an address, with all other like empowered.

CITY-ST-ZIP

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