

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P92000000707

1. Corporation Name  
INTRACOASTAL RESORTS, INC.

Principal Place of Business  
3015 NORTH OCEAN AVENUE  
FT. LAUDERDALE FL 33308

Mailing Address  
3015 NORTH OCEAN AVENUE  
FT. LAUDERDALE FL 33308

APPROVED  
AND  
FILED  
99 MAR 26 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1992	
4. FEI Number 65-0366652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

FOSTER REBECCA A  
3015 N OCEAN BLVD., #121  
FT. LAUDERDALE FL 33308

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	LAMBERT, JAMES	1.1 TITLE		1.2 NAME	
STREET ADDRESS	3015 N OCEAN BLVD., #121			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL			2.1 TITLE		2.2 NAME	
TITLE	VD	NAME	HAMMER, C.D.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	300 WELLINGTON DRIVE			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	CHARLOTTESVILLE VA			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	VD	NAME	MULLER, RALPH	4.1 TITLE		4.2 NAME	
STREET ADDRESS	3015 N. OCEAN BLVD., #121			4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL			5.1 TITLE		5.2 NAME	
TITLE	S	NAME	FOSTER, REBECCA A	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS	3015 N. OCEAN BLVD. #121			6.1 TITLE		6.2 NAME	
CITY-ST-ZIP	FT. LAUDERDALE FL			6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
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

2/23/99 954-563-2444

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CR2E034 (11/98)