

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000003328 (0)**

1. Corporation Name

**INTRACOASTAL ASSOCIATES, INC.**



Principal Place of Business

**4806 N.W. 2ND AVE.  
SUITE 256  
BOCA RATON FL 33431**

Mailing Address

**4806 N.W. 2ND AVE.  
SUITE 256  
BOCA RATON FL 33431**

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. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**SEGALL, STANLEY H  
2707 N.OCEAN BLVD.  
APT. 602  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

**01/11/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0390168**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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 of Registered Agent required by the filing system)

(Signature of Registered Agent required by the filing system)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

2. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

3. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

4. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

5. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

6. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

7. TITLE

**D  
SEGAL, STANLEY  
2707 N. OCEAN BLVD APT 602 D  
BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP**

2. TITLE

**22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP**

3. TITLE

**32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP**

4. TITLE

**42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP**

5. TITLE

**52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP**

6. TITLE

**62 NAME  
63 STREET ADDRESS  
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 1 1996 407-998-9445**

CR2E034 (12/95)