

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

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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000016677 (5)**

1. Corporation Name  
**INTERCOAST FINANCIAL, INC.**



Principal Place of Business <b>1111 SW 17TH ST OCALA FL 34474</b>	Mailing Address <b>1111 SW 17TH ST OCALA FL 34474-3526</b>
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2. Principal Place of Business 21 <b>3300 SW 34th AVE</b>		2a. Mailing Address 26 <b>Same</b>		3. Date Incorporated or Qualified <b>03/05/1993</b>	3a. Date of Last Report <b>07/08/1996</b>
Suite, Apt. #, etc. 22 <b>102 Suite 102</b>		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0390797</b>	Applied For Not Applicable
City & State 23 <b>Ocala FL</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>34474</b>	Country 25 <b>USA</b>	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>ISENHOUR, JAMES K 1111 SW 17TH STREET OCALA FL 34474</b>				10. Name and Address of New Registered Agent			
Address change only				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3300 SW 34th AVE</b>			
				83 <b>Suite 102</b>			
				84 City <b>Ocala</b> FL 85 Zip Code <b>34474</b>			

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 **James K. Isenhour** DATE **4-21-97**  
(Signature, typed or printed name of registered agent and title if applicable) (Name, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENHOUR, TAYLOR	1.2 NAME	
STREET ADDRESS	1111 SW 17TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34474	1.4 CITY - ST - ZIP	
TITLE	DCFO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ISENHOUR	2.2 NAME	<b>Same</b>
STREET ADDRESS	1111 SW 17 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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

SIGNATURE: **James K. Isenhour** DATE: **4-21-97** TELEPHONE: **352-873-7757**  
(Signature, typed or printed name of signing officer or director) (Date) (Daytime Phone #)

CR2E034 (9/96)