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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040197 (2)

FLORIDA EAST COAST ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | "] I AUDILUUK PEU TRAUL WANN DURA WURIN WE | far wwall wibil | 09101 H510 10H | A (88) (89) | |
|--|--|-----------------------------------|-------------------|--------|--|---|-----------------------|---------------------------|-----------------------|
| 15019 SOUTHWEST 141 PLACE 15019 SOUTHWEST 141 PL MIAMI FL 33186 5708 | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 05/22/1995 | | ate of Last R /23/1996 | leport |
| · | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For |
| 21 | Manual Land Control of | 26 | | | | 65-0588374 | | | ot Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | * | Additional equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | - | | May Be |
| 23 Zip | Country | 28 | Cou | ntru | | Trust Fund Contribution | | | to Fees |
| 24 | 25 | 29 | 30 | i tu y | | This corporation has liability for Florida Statutes | r intangible Yes [| | . 199.032, |
| 24] | 9. Name and Address of Cu | | 1301 | | | 10. Name and Address of New R | | | |
| TIM | OTHY PHILLIPS | | | 81 | Name | | | | |
| | 19 SW 141 PL | | | 82 | C4 | ss (P.O. Box Number is Not Accepta | .blsV | | |
| | MI FL 33186 | | | 02 | Street Addre | ss (P.O. Box Number is Not Accepta | .DIO) | | |
| | | | , | 83 | | | | | |
| : | | | ŀ | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant t | to the provisions of Sections 607 | '.0502 and 607.1508, Florida St | atutes, the at | XOVE | e-named corpo | pration submits this statement for the | purpose o | f changing i | ts registered |
| office or re | egistered agent, or both, in the S | State of Florida, Such change w | as authorized | d by | the corporation | on's board of directors. I hereby acce | pt the app | pointment as | registered |
| _ | m tarmita with, and accept the c | ADIIIganona or, abation obv.cooc | , riorida otat | 0.00 | , | | | | |
| SIGNATURE | Signature, typed or printed name of registers | ed agent and title it applicable. | (NOTE: Registered | 1 Age | ent signature require | d when reinstating) | DATE | · · · · · · | |
| 12. | | S AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | D DIRECTOR | ₹S IN 12 |
| TITLE | PTD | ☐ DELETE | 1170 | TLE | | | | ☐ Change | Addition |
| NAME | PHILLIPS, TIMOTHY A | | 12 NA | ME | | | | | |
| STREET ADDRESS | 15019 SOUTHWEST 141 (| PLACE | 13 ST | REET | ADDRESS | | | | |
| CITY - \$1 - ZIP | MIAMI FL 33186 | | 14 CF | TY-S | Y-ZIP | | | | |
| THILE | VSD | ☐ DELETE | 21 Ti | TLE | | | | ☐ Change | Addition |
| NAME | RODRIGUEZ, MARTIN | | 22 N | ME | | | | | |
| STREET ADDRESS | 15019 SOUTHWEST 141 I | PLACE | 23 ST | REET | ADDRESS | ٠, | - | | |
| CITY-ST-ZP | MIAMI FL 33186 | | 2 4 C | ΠY- 5 | ST-21P | | | | |
| TIFLE | | ☐ DELETE | 3 1 TI | TLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 N | ME | | | | | |
| STREET ADDRESS | | | 3.3 ST | REET | ADDRESS | | | | |
| CHTY - \$T - ZIP | | | | | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 111 | TLE | | | | Change | Addition |
| NAME | | | 4.2 N | AME | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET | ADORESS | | | | |
| CITY - ST - ZIP | | | | TY-S | IT-ZIP | | | | |
| TIME | | ☐ DELETE | 5.1 Ti | TLE | | | | Change | Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | | |
| CITY - \$1 - Zif | | F-1 22-22- | | | T-ZIP | | | T12: | 1.4 (19) |
| TITLE | | ☐ DEL€TE | | | | | | ☐ Change | Addition |
| NAME | | | 6.2 N | | | | | | |
| STREET ADDRESS | | | 6.3 \$1 | REET | ADDRESS | | | | |

6.4 City-ST-ZIP

SIGNATURE:

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.

FILED

May 01 1997 8:00am

Secretary of State